

EMPLOYMENT INTAKE FORM

NAME: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____ SSN: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: _____

Married or Living w/someone? YES NO If yes, name: _____

Divorced? YES NO Widowed? YES NO Children? YES NO If yes, names & ages:

Other dependents? YES NO If yes, names, ages and reason dependent:

CURRENT WORK ADDRESS (If you are working NOW):

Employer Name: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____ Phone: _____

PRIOR LEGAL ACTIONS:

Please tell us about any lawsuits or criminal actions in which you were a party:

WORKER'S COMPENSATION ISSUES:

If you have a worker's compensation case going on now, or in the last six months, it is important for us to know about the nature of your injury and the status of the claim you made. Ignore this section if it does not apply to you.

Did you start a worker's comp action? YES NO

If yes, describe your injury: _____

Describe your present condition: _____

What's the status of your claim: _____

EMPLOYMENT HISTORY:

For each adult job you have had, provide the following information: 1. The name of the employer; 2. The approximate dates you worked there (month/year); 3. Your job; 4. Any discipline you received; 5. The reason for leaving the job. At minimum give this info. for any employer that fired you.

POTENTIAL DEFENDANT(S):

Name: _____

Street Address: _____ Suite/Apt: _____

State: _____ Zip: _____ Work Phone: _____

Total No. employees (best estimate): _____ No. w/in 75 Mi. of workplace: _____

Full name and title of any individual supervisor(s) employed by your employer who you believe has/have acted improperly toward you:

Full name and title of any other employee(s) employed by your employer who you believe has/have acted improperly toward you:

PRESENT PROBLEM:

Tell us the general nature of the reason you are seeking our advice and counsel.

Check all boxes that you think are applicable:

Discrimination or Harassment based on:

- Race
- Sex
- Disability(Incl. Pregnancy)
- Age
- Other:

Why You Believe this:

Retaliation for:

- Making, or saying you will , a worker's compensation claim
- Reporting, or saying you will , discrimination or harassment toward you or others in the workplace
- Reporting, or stating an intent to report, or refusing to engage in, an unlawful practice by the employer
- Taking time off for your or family illness (incl. giving birth)
- Other (explain):

Why You Believe this:

If you believe you have been wrongfully terminated, what is the **reason you were given** for your termination?

If you believe you have been wrongfully terminated, what do you believe to be the **real reason** you were terminated and what evidence do you have of that real reason?

DESCRIPTION OF PRESENT DISPUTE:

Fill in the Box below. If you do not have enough space here, create your own table and get it to us.

IF THE DESCRIPTION IS OMITTED THE INTAKE FORM WILL NOT BE ACCEPTED, AND YOU WILL NOT BECOME A CLIENT. Put this in chronological order, meaning, from the earliest event to the latest. Please be as specific as possible, and include all relevant dates and events.

Use the following format:

Date	Short Stmt of what happened	Witnesses, if any

If there are important documents that will help us understand the situation, please refer to them and give us a copy.

DO NOT GIVE US ORIGINAL DOCUMENTS.

HOW YOU WERE HURT/INJURED/LOST MONEY:

Last worked hourly rate or monthly salary: _____ Ave. hours worked per week: _____

Annual income you earned:

last year: _____ two years ago: _____ three years ago: _____

Looking for another job? YES NO

If yes, please describe those efforts: _____

If no, why not?: _____

Has what the employer or co-workers done to you caused you to experience any physical problems? (i.e., migraine headaches, regular headaches, panic attacks, back pain, upset stomach, diarrhea, overeating, smoking or any other physical manifestations). YES NO If yes, what:

Other than lost wages, have you experienced any other financial losses (i.e., lost benefits, forced sale of things to address financial distress, etc.). YES NO If Yes, what:

ADMINISTRATIVE REMEDIES:

If you belong to a union, have you sought the assistance of the union in resolving this present problem? YES NO If yes, please explain what is happening:

Have you filed a charge or complaint with a local human relations commission, the Department of Human Rights or the EEOC? YES NO If yes, please provide a copy.

Does your employment agreement or employee manual say you are required to arbitrate claims against your employer? YES NO

If yes, please provide a copy of that provision.

Have you signed any documents when you were fired or left your employment (like a severance agreement)? YES NO

If yes, please provide a copy of that document.

OTHER POSSIBLE CLAIMS:

Have you been paid overtime on all hours worked over 40 hours in a work week? YES NO

Have you been paid at least the minimum wage for all hours worked? YES NO

Have you been given a meal break every day? YES NO

Have you been given breaks during the day? YES NO

Have you been disciplined for doing something off the job? YES NO If yes, please explain:

MISC. INFORMATION: How did you hear about our firm?

Referred by attorney. Who?: _____

Referred by non-attorney. Who?: _____

Web browsing. What site?: _____

Yellow Pages. Which?: _____

Other (explain): _____

Why did you choose our firm?: _____

What do you want to achieve in this matter?: _____

Other Information you think we should know:

I understand that the answers above will be relied upon by Chuck Watson to decide whether to take my case. I understand that Chuck Watson is not my attorney unless and until an engagement agreement is signed. Sign if sending paper copy.

Agree Yes No
