
ALEXANDER & YONG

Intake Questionnaire

Client Information

Name: _____

Other Names (maiden, Aliases): _____

Date of Birth & Current Age: _____

Social Security No. _____

Driver's License No. _____

Home Address: _____

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

Fax Number: _____

Spouse & Children Names (if applicable): _____

Relative(s) That Will Always Know Your Whereabouts: [name, address, phone]

Referred By: _____

ALEXANDER & YONG

707 Wilshire Blvd., Suite 3600

Los Angeles, CA 90017

TYPE OF ACTION	Termination _____	TYPE OF DISCRIM	Sex _____
	Failure to Promote _____		Race _____
	Demotion _____		Age _____
	Failure To Hire _____		Religion _____
	Denial of Equal Pay _____		Physical Disability _____
	Sexual Harassment _____		Physical Disability _____
	Wage and Hour _____		Mental Disability _____
	Pregnancy _____		Pregnancy _____
	FMLA/CFRA _____		_____
	Other Harassment _____		Medical Condition _____
	Other _____		Sexual Orientation _____
			National Origin _____
			Marital Status _____
			Other _____

DATE(s) of Termination/Separation/Adverse Action: _____

Supervisors, Managers or other people who caused termination/action (Potential Individual Defendants)

Describe the most recent performance evaluations and/or disciplinary actions given to you within the last five (5) years. Give any explanation. (Attach additional pages if necessary.)

Reason(s) given for terminated/adverse action: _____

What do you believe to be the real reason for your termination? _____

Who replaced you? _____

Was any other employee treated differently/better/worse than you? (give specific examples): _____

Was any other employee treated similar to you? (Give specific examples): _____

Was the action/termination performed in a embarrassing or humiliating way? Describe.

Did the employer disclose private information to anyone about you, the action/termination? If so, what information, and to whom was it communicated?

Has the Employer had any other lawsuits? If so, identify Claimants, time frame, result.

Other facts suggesting discrimination (*e.g.*, discriminatory remarks, under-representation) or unfair treatment: _____

Witness Names, Address, Phone:

Did you ever complain to your employer about the treatment you received? If so, when, and what did you do? _____

Have you filed with the:
(Circle all that apply)

DFEH - Dept of Fair Employment and Housing

EEOC - Equal Employment Opportunity Commission

Labor Board

Government Entity Tort Claim

Other: _____

Have you received a Right to Sue letter (or Gov't Claim Denial)? Yes No If so, issue

date(s): _____

Other Information: _____

Last Salary/Rate of Pay: : _____

Benefits : _____

Other Economic Loss: _____

Timely Final Paycheck Issued: Overtime, Vacation, Bonus, Commission, Breaks, Meals,

Waiting Time, etc.: _____

Disability Questions

Name of treating physician: _____

Do you have any medical condition: Yes No If so, what?

Do you have any restrictions? Yes No If so, what?

Did the Employer discuss your disability (or issue) directly with you, and any options for addressing your issue/condition/restriction? Yes No If so, when, what, who?

What accommodations, if any, did you request?

Was the proposed accommodation effective or inadequate? Yes No If not, explain.

Wage Questions

Do you receive rest breaks? How often? _____

Do you receive meal breaks? _____

How many hours do you work per day? _____

How many hours do you work per week? _____

Other: _____

Current (New) Employer's Information (if different from above)

Employer: _____

Address: _____

Hire Date: _____ Title: _____

Compensation: _____

Supervisor: _____

Relation to Previous Employment: _____

Miscellaneous Information

Have you ever been involuntarily terminated from a previous employer? If yes, please explain:

Any previous claim(s)/lawsuit(s)? Yes No If yes, when, claim, attorney name:

Have you ever filed an administrative claim with a State or Federal government agency? If yes, please explain: _____

Have you ever been arrested? If yes, please explain: _____

Have you ever been charged with a misdemeanor and/or felony? If yes, please explain: _____

Ever been charged or convicted of a misdemeanor and/or felony? Yes No If so, when, what: _____

Ever filed for bankruptcy? Yes No If yes, when, attorney name:

Are you seeking, or have you sought treatment (medical or psychiatric) as a result of your reason for visiting an attorney? If yes, please explain:

Do you have a "My-Space" or "Facebook" web site or other public access website? If yes, please explain and list website address(s): _____

Have you spoken with or met with any other attorneys concerning the issue that has brought you to this office today? If yes, please explain: _____

What do you hope to accomplish by hiring an attorney? _____

Other Information: _____

DOCUMENTS POTENTIAL CLIENT SHOULD BRING TO THE INTERVIEW

1. Entire personnel file, including the employment application, performance evaluations, discipline record, and salary history;
2. Employer's personnel policies, manuals, especially concerning termination, progressive discipline, salary, and benefits;
3. All employee manuals and handbooks;
4. All correspondence and memoranda between you and employer, from the time the employer began recruiting you up to the present, with special attention to any offer letters, written employment agreements, arbitration agreements, confidentiality and trade secret agreements, union contracts, stock options, bonus plans, the notice of termination or notice of resignation, and documents signed by the employee in connection with the termination
5. All internal grievances or complaints filed by you against the employer, including but not limited to any grievance filed concerning the employee's termination;
6. All documents relating to any charge or complaint that you have filed against the employer with a government agency, such as complaints filed with the United States Equal Employment Opportunity Commission (EEOC), the California Department of Fair Employment and Housing (DFEH), or the California Labor Commission;

7. All documents relating to any applications for unemployment insurance, workers compensation, or disability insurance or benefits;
8. All letters of reference by the employer;
9. All medical or psychiatric records concerning any condition from which you have suffered during his or her employment or as a result of the termination;
10. All written statements you have obtained from fellow employees or other potential witnesses;
11. Your most recent resume; and
12. All documentation of your efforts to find another job.
13. Paycheck stub