

Date: _____

Employment Law Consultation Data

Name: _____ E-mail address: _____@_____

Address: _____ City: _____ Zip: _____

Home phone: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____

How were you referred to this office? _____

Current Employer, if any: _____

Name of Employer you are here to discuss: _____

Address of that company/employer: _____

Approximate date of hire: _____ Date of termination (if applicable) _____

Your position with that company: _____

Who did you report to? _____

His or her title: _____

Did you enter into any contract of employment or receive hiring letter? Yes No

Did you receive an employee handbook? Yes No

Have you been injured on the job? Yes No

Have you been under the care of a physician during the past year? Yes No

If so, his/her name and location: _____

Reason(s) for physician care: _____

Date of birth: _____ Race: _____

Sex: Female Male National Origin: _____

Date you first learned of adverse action: _____

Your last rate of pay: _____ monthly weekly bi-weekly annually

Benefits you have lost: _____

Persons responsible: _____

Company's reason for termination or other adverse action: _____

Reason you believe for company's adverse action: _____

- | | |
|--|---|
| <input type="checkbox"/> religious discrimination | <input type="checkbox"/> intentional employment interference |
| <input type="checkbox"/> marital status discrimination | <input type="checkbox"/> intentional infliction of emotional distress |
| <input type="checkbox"/> pregnancy discrimination | <input type="checkbox"/> retaliatory discharge |
| <input type="checkbox"/> retaliation for whistle blowing | <input type="checkbox"/> severance pay |
| <input type="checkbox"/> benefits litigation | <input type="checkbox"/> unpaid salary/commissions or benefits |
| <input type="checkbox"/> age discrimination | <input type="checkbox"/> race discrimination |
| <input type="checkbox"/> sex discrimination | <input type="checkbox"/> handicap discrimination |
| <input type="checkbox"/> national origin discrimination | <input type="checkbox"/> sexual harassment |
| <input type="checkbox"/> defamation | <input type="checkbox"/> unemployment compensation |
| <input type="checkbox"/> contract review | <input type="checkbox"/> covenants not to compete issues |

I understand that I will discuss my legal rights and options for a consultation fee at the rate of _____ for up to 45 minutes. After the consultation, we may or may not enter into an hourly rate or contingent fee agreement. That agreement will be in writing and signed by us. Unless otherwise agreed in writing between us, any future communication or consultation will be billed to me at the hourly rate of _____ per hour with a minimum entry of 0.2 hours per phone call or letter.

Your Signature

(OFFICE USE ONLY)

- Consultation Only
- Hourly Rate Agreement
- Contingent Fee Agreement

Other: _____
