

LEONARD & ASSOCIATES, P.L.L.C.
INTAKE QUESTIONNAIRE
(ONLINE VERSION)

Date: _____

1. Full Name: _____
2. SSN: _____ Date of Birth: _____
3. Home Address: _____
City: _____ State: _____ Zip code: _____
4. Phone Numbers: Home: _____ Work: _____
Mobile: _____
5. Email Address: _____
6. Emergency Contact Information: _____
(Name, Address, Telephone _____
Number and how related): _____
7. Do you belong to any social networking sites? YES NO
If yes, state the name(s): _____

8. How did you hear about our firm? _____
Were you referred by any person or law firm? YES NO
If yes, state the name: _____
9. What is the company's name (i.e., place of employment) you wish to sue?

10. Are you currently employed by this company? YES NO
11. If not, where are you currently employed? _____
12. If you are not currently employed, are you actively looking for work? YES NO
13. Have you filed for unemployment benefits based n the loss of the job in question? YES NO
14. Who hired you (name and title) at the company you wish to sue? _____

15. Who fired you (name and title) at the company you wish to sue? _____

16. Who were your supervisors? _____

17. Were you terminated from your employment? YES NO

Were you demoted during your employment? YES NO

Were you wrongfully disciplined during your employment? YES NO

18. Did you resign or retire from your position? YES NO

Did you feel forced to resign or retire? YES NO

If so, by whom (name and title)? _____

19. What was the last date you actually worked for the employer? _____

When did you begin working for the employer? _____

20. What position were you hired into with the employer? _____

Did you hold other positions during your employment? YES NO

If yes, state the titles and dates held: _____

What was the reason given by the employer for the terminaiton/demotion/adverse employment action(s)?

21. How much were you earning at date of hire? _____

How much were you earning as of the last day worked? _____

Did you receive benefits (medical insurance, dental insurance, vision insurance, 401K)? - List all that apply:

22. Circle (mark) **all** items you believe are applicable to your situation: Gender Race

Age Sexual Harassment Retaliation Religion Medical Leave

Disability Whistle-blowing Breach of Contract First Amendment

Due Process Worker's Compensation Retaliation

23. Describe **in detail** (identifying approximate dates and specific conduct) why you believe the employer's conduct falls within one or more of the areas circled/marked above:

24. Identify (by name and any contact information you have) all potential witnesses to the incident described above and/or those individuals who you believe have helpful information to your case:

25. Have you filed with the Equal Employment Opportunity Commission (EEOC)? YES NO
If yes, when did you file the Charge of Discrimination? _____
What areas (sex, race, national origin, disability, age, retaliation, other) did you identify on the Charge of Discrimination? _____

Have you received a Notice of Right to Sue Letter from the EEOC? YES NO
If yes, what is the date of the Notice of Right to Sue Letter? _____

26. Have you **ever** filed an EEOC complaint before the present situation? YES NO
If yes, how many times? _____
If yes, when, against whom (list all), and what was the outcome? _____

27. If you filed for unemployment benefits related to your present situation, when did you file?

What was the outcome? _____
Do you have an appeal pending or hearing date? _____

28. Have you ever filed for unemployment benefits **before** the present situation? YES NO
How many times, dates of filing, and against whom? _____

The following items are designed to provide the firm with background information about our future clients. We recognize this information may be personal and confidential. However, in order to adequately represent the best interests of our clients, it is necessary that we receive full disclosure and complete candor in response to these questions. We appreciate your cooperation.

29. Have you or has anyone on your behalf **ever** filed Bankruptcy? YES NO

If yes, how many times? _____

If yes, date such bankruptcy(ies) was (were) filed and outcome: _____

IF YOU ARE CONTEMPLATING FILING BANKRUPTCY AND YOU BECOME A CLIENT OF LEONARD & ASSOCIATES, IT IS CRITICAL THAT YOU DISCUSS THIS DECISION WITH US **BEFORE** FILING BANKRUPTCY BECAUSE SUCH FILING HAS A DIRECT AND SIGNIFICANT IMPACT ON THE EMPLOYMENT CASE WE MAY BE HANDLING FOR YOU.

30. Have you **ever** been **arrested or charged** with a crime (misdemeanor or felony)? YES NO

If yes, how many times? _____

When (list all)? _____

What was the basis for the arrest and/or charge (list all)? _____

What was the outcome of the charge (list all)? _____

31. Have you **ever** filed a Workers Compensation action? YES NO

If yes, how many times? _____

When, against whom (list all), and what was the outcome? _____

Describe the body part(s) injured: _____

32. Have you ever been involved in **any** other grievance procedures of any kind? YES NO

If yes, when, against whom (list all), describe the basis for grievance, and what was the outcome? _____

33. Have you ever been treated/hospitalized for a mental/emotional illness/condition? YES NO

If yes, state dates of such treatment/hospitalization and condition(s) treated: _____

34. Have you ever been terminated from any other job? YES NO

If yes, state the name of the employer, date of such termination, and reason given for such termination:

35. Is there any medical condition from which you currently suffer that would prevent you from working from this date forward? YES NO

If yes, describe: _____

36. Has there been any period of time during the past five (5) years where you have suffered from a medical condition that prevented you from working in whole or in part? YES NO

If yes, describe: _____

37. Have you ever filed for Social Security Disability Benefits (in whole or in part)? YES NO

If yes, state the date(s) and whether such were granted: _____

IF YOU ARE CONTEMPLATING FILING FOR SOCIAL SECURITY DISABILITY BENEFITS AND YOU BECOME A CLIENT OF LEONARD & ASSOCIATES, IT IS CRITICAL THAT YOU DISCUSS THIS DECISION WITH US **BEFORE** FILING FOR SUCH BENEFITS BECAUSE SUCH FILING HAS A DIRECT AND SIGNIFICANT IMPACT ON THE EMPLOYMENT CASE WE MAY BE HANDLING FOR YOU.

38. Have you ever been a Plaintiff/Defendant in any court proceeding (divorce, custody, worker's compensation, small claims, personal injury, care accident, etc.)? YES NO

If yes, state the date(s), name(s) of all parties involved, nature of the case, whether you were plaintiff or defendant, where the case was filed, and the outcome of the proceeding: _____
