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Confidential Intake Questionnaire For Individual Employment Law Matters

For office use only

Consultation appointment – Date: _____ Time: _____ Attorney initial: _____

Please complete questionnaire to the best of your ability! Please print neatly!

A. INFORMATION ABOUT YOU

1. Date of birth: _____ Gender: Male _____ Female _____

2. Race: _____ National Origin: _____

3. Name: _____

4. Home Address: _____

(City, State, & Zip) _____

5. Home Phone: _____

6. Cell Phone: _____

7. Current Work Phone: _____

May we call you at work? _____ (yes) _____ (no)

8. Personal e-mail address: _____

9. Have you ever been arrested or convicted of a crime? _____ (yes) _____ (no)

10. Have you ever filed or are you currently thinking of filing for bankruptcy? _____ (yes) _____ (no)

11. Who referred you to our office? _____

B. INFORMATION ABOUT THE EMPLOYMENT

1. What are your dates of employment? If you are no longer employed, when was your last day of work?
2. Please state the employer's name and address, and the address of your work location.
3. How many employees (total) work for the employer? How many employees work at your location?
4. What is the nature of your employer's business?
5. Are you aware of any deceptive practices or fraud that has taken place at the company such as fraudulent billing or accounting? If yes, please explain.
6. What is/was your title – please describe your job duties as specifically as possible.
7. Who is/was your direct supervisor – please describe his/her job duties as specifically as possible.
8. Have you been paid on an hourly, salaried, commission, or other basis? What was your pay rate?
9. Have you been paid overtime (1½ times your hourly rate) for hours worked over 40 in a week (regardless of whether you were paid on an hourly basis, salary basis, commission, or other)? If not, how was overtime pay calculated for you?
10. Does your employer have a handbook or policies applicable to your case? Please describe & provide.
11. If you no longer work for the employer:
 - a. Did you resign, or were you terminated/laid off? On what date?
 - b. If you were terminated/laid off, what is your employer's stated reason for the termination/layoff?
 - c. If you were terminated/laid off, what do you believe the actual reason is? (please note that you will be able to provide more details in Section C below)

- d. Are you currently employed elsewhere? If so, please state the date your new employment started, your new employer's name, your new title, and your new wage rate.

12. Check all that apply:

- I need to negotiate an employment agreement, severance agreement, or some other type of contract.
- I have not been paid wages (includes unpaid regular pay, unpaid overtime, unpaid vacation days, etc.).
- I have been discriminated against or harassed.
- Please state basis (race, age, sex, national origin, religion, disability, sexual orientation, military status or other) _____
- I have been subject to retaliation. For example, I was terminated after complaining about discrimination, taking medical leave, filing a workers' compensation claim, refusing to break the law, etc.
- I am having a problem receiving employee benefits, including pension/retirement plan or COBRA.
- I am having a problem with my sick days or with Family and Medical Leave.
- I am being threatened with a lawsuit or am being sued by my employer or former employer.
- I am having Union problems.

13. If you checked any of the boxes above, please describe in your own words why you are seeking legal advice:

14. Are other employees experiencing the same treatment? If so, please describe.

C. ACTION ALREADY TAKEN

1. Have you consulted with another lawyer before seeing us? _____ (yes) _____ (no)

If so, who? _____

2. Are you/were you in a Union? If so, did you file a grievance? Please provide Union contact information.

3. Have you filed a charge with the EEOC or any other governmental administrative agency?

_____ (yes) _____ (no)

- a. If so, when was it filed, and with what agency?

- b. Have you received a determination from the agency and/or a Right to Sue letter? If so, when? If not, what is the status of the charge?

- 4. Have you made a monetary demand to the company to try to resolve this issue? _____ (yes) _____ (no)
 If so, how much? _____

- 5. Has the company offered you a monetary settlement to resolve this issue? _____ (yes) _____ (no)
 If so, how much? _____

D. OTHER IMPORTANT INFORMATION

- 1. Do you have witnesses who can corroborate your claim? Who and how?

- 2. Do any written evaluations of your work exist? Were the evaluations favorable? Do you have copies?

- 3. What result are you looking for? (i.e., reinstatement, promotion, file lawsuit, help with EEOC, etc.)

- 4. If you are looking to recover monetary damages, what do you believe the value of your claim(s) is, and what is the basis for your calculation of that value?

- 5. Have you ever filed a lawsuit in the past? If so, when and why?

- 6. Please describe any weaknesses or problems with your case. How would the employer respond to your claims if you brought a lawsuit against it?

- 7. We are happy to make referrals, when requested. Is there any other legal matter for which you need a referral to another attorney, for example, an injury to you or a family member?

- 8. This questionnaire is true and completed to the best of my ability

 Signature

 Date