

Intake Questionnaire

Date: _____

Name: _____ DOB: _____ Race: _____

Address: _____ Tel: (H) _____
_____ (C) _____

E Mail: _____

Employer: _____ Date of hire: _____

Address: _____

Telephone: _____ Company Rep: _____

Position: _____ Date termination/Adverse action _____

Member of Union: Yes No Name of Union : _____

Labor and Employment Cases : (Check all that apply)

Discrimination: Race ___ Sex ___ Age ___ National Or. ___ Handicap (name) _____

Sexual Harassment: _____ If yes, briefly describe: _____

Retaliation: _____ If so, for what _____

Wrongful Discharge: _____ If yes, state why it illegal _____

Failure to pay wages: (amt.) _____ Overtime (amt.) _____ Other _____

Severance Document Review _____ Deadline to Respond: _____ (attach copy)

Review or other action regarding Non-Compete Agreement: _____ (attach copy)

Other Employment Related Matter: _____

Other Types of Cases: (describe)

Constitutional Claims : _____

Workers' Comp: _____ Date of Accident: _____ Type of Injury: _____

Professional Malpractice: _____ Date: _____ Describe: _____

Intellectual Property (Copyright, Trademark); _____

Personal Injury: _____ Date of Injury; _____

Other type of issues: _____

Briefly describe claims or need for legal help: _____

How Did You Hear About Us: Internet _____ if so, what search device: _____

If referred, by whom: _____ When: _____

Why did you come to us rather than another attorney: _____

Would you mind evaluating our services and whether you were satisfied by filling out a brief questionnaire upon conclusion of your consultation? Yes No

(For internal use only)

Date of Telephone Interview: _____ Interviewer: _____

Review by Attorney: _____ Date: _____ With Whom: _____

Schedule Consult: Yes No Reason: _____

Fee for Consultation: _____

Notes from Consultation:

Retained: _____ Type of Fee Basis: _____ Hourly Rate: _____

If not retained, state reason: _____

Send Closing Letter if not retained: _____ Initials: _____
