



Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

**EMPLOYMENT LAW INTAKE FORM**

**CLIENT QUESTIONNAIRE**

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege, except in cases of child abuse or neglect.

**NOTICE OF CONFIDENTIALITY**

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**FOR OFFICE USE:**  
Ret.: \_\_\_\_\_ Type: STD|CLC|PPL|ZNE  
OL: WTA|LBR|JAY|LC|JJM|EMB|MBR|DJS|JLG|GH|BW|KJS|MBC  
RL: WTA|LBR|JAY|LC|JJM|EMB|MBR|DJS|JLG|GH|BW|KJS|MBC



**ABOUT YOU:**

1. **Please give your *full* name, date and place of birth, and Social Security number.**

Full legal name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Marital status: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Military status: \_\_\_\_\_

Criminal history: \_\_\_\_\_

Education: \_\_\_\_\_

Other lawsuits or legal claims: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bankruptcy: \_\_\_\_\_

2. **Where are you living now and what is your phone number?**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone (if different from above): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. **How do you prefer that we contact you?**

Mail       Home phone       Cell phone       Email

4. **At what address do you wish to receive mail from this office?** \_\_\_\_\_

\_\_\_\_\_

5. **How were you referred to our office?**

Personal referral by \_\_\_\_\_ to \_\_\_\_\_

Church referral from \_\_\_\_\_ to \_\_\_\_\_

**Internet:**

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

**Newspaper/Magazine:**

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO

**Radio:**

- 94.9 KLTY
- 100.7 KWRD
- 660 KSKY

**Yellow Pages:**

- AT&T Yellow Pages
- Your town Yellow Pages

**Other:**

- Previous client
- Prepaid Legal or CLC

**Other:** \_\_\_\_\_

**ABOUT OPPOSING PARTY:**

6. **Please complete the following section regarding the opponent.**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_

Number of employees (approximate): \_\_\_\_\_

Is there a mandatory arbitration policy? \_\_\_\_\_

Position title: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Salary at hire: \_\_\_\_\_

Current salary or at time of termination: \_\_\_\_\_

Other sources of income: \_\_\_\_\_

Last review (date and rating): \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Terminator name: \_\_\_\_\_

Current status with employer:  Employed  Discharged  Resigned  Retired

If discharged, resigned or retired, please provide date: \_\_\_\_\_

Have you been offered a severance or give a severance/release agreement to review? \_\_\_\_\_

If so, what date were you given the agreement & do you have a deadline to return? \_\_\_\_\_



Have you signed any severance or release agreement? \_\_\_\_\_

If so, what date was it signed? \_\_\_\_\_

**\*PLEASE PROVIDE A COPY OF ANY SEVERANCE OR RELEASE AGREEMENT YOU HAVE BEEN GIVE TO REVIEW OR YOU HAVE SIGNED.\***

Have you filed for Unemployment? \_\_\_\_\_

If so, when and what outcome? \_\_\_\_\_

Copy of paycheck stubs: \_\_\_\_\_

Nature of dispute (client's view): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of employment policies: \_\_\_\_\_

Copy of termination papers: \_\_\_\_\_

**\*IF BREACH OF CONTRACT OR NON-COMPETITION DISPUTE, PROVIDE A COPY OF ALL EMPLOYMENT CONTRACTS AND NON-COMPETITION, NON-SOLICITATION AND/OR CONFIDENTIALITY AGREEMENTS.\***

**IF DISCRIMINATION COMPLAINT:**

7. **Please fill out the following section regarding your complaint.**

Type of discrimination: \_\_\_\_\_

Date of first act of discrimination: \_\_\_\_\_

Date of last act of discrimination: \_\_\_\_\_

Charge of discrimination (when/which agency/status): \_\_\_\_\_

Right to Sue letter received?  Yes  No

If yes, what date was it received? \_\_\_\_\_

Worker's compensation claim filed (status): \_\_\_\_\_

Please provide the names and addresses of any doctors relevant to claim:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**WITNESSES:**

8. **Please provide the name and addresses of any witnesses:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Knowledge held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Knowledge held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**FORMER EMPLOYERS:**

9. Please provide the following information regarding your previous employers, starting with the most recent.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date of hire: \_\_\_\_\_ Starting salary: \_\_\_\_\_  
Date of separation: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
File for TWC benefits? \_\_\_\_\_  
Result: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date of hire: \_\_\_\_\_ Starting salary: \_\_\_\_\_  
Date of separation: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
File for TWC benefits? \_\_\_\_\_  
Result: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date of hire: \_\_\_\_\_ Starting salary: \_\_\_\_\_  
Date of separation: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
File for TWC benefits? \_\_\_\_\_  
Result: \_\_\_\_\_



**DAMAGES ASSESSMENT WORKSHEET**

Employer's Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer Type:  Corporation  Government  Non-Profit  Union  Other

Employer Size:  1-14  15-19  20-50  51-100  101-300  301+

Salary/Hourly Rate: \_\_\_\_\_ Bonus/Commissions: \_\_\_\_\_

Benefits: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Did you sign an employment agreement?  Yes  No

Are you a Union member?  Yes  No

Are you paid overtime?  Yes  No

Have you filed any complaints with a court or government agency related to your employment?  Yes  No

If yes, what was filed and when? \_\_\_\_\_

If you are no longer employed, please answer the following:

Reason for separation: \_\_\_\_\_

Has the employer offered a severance or settlement?  Yes  No

If yes, has it been accepted?  Yes  No

Have you applied for Unemployment Insurance Benefits?  Yes  No

If yes, has it been approved?  Yes  No

Have you found new employment?  Yes  No

If yes, please complete the following:

Date of Hire: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Wage Rate: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Benefits: \_\_\_\_\_

Have you seen a doctor, counselor or other health professional for mental anguish you may have suffered as a result of the Employer's conduct at issue?  Yes  No