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| SOL: Potential Claims: Date of Consultation: | OFFICE USE ONLY: EEOC deadline: |
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INITIAL CLIENT CONSULTATION
(for legal counseling purposes only)

Date: _____

Who or how were you referred to our firm: _____

I. GENERAL BACKGROUND INFORMATION:

Name : _____ Date of Birth: _____

Address: _____ Marital Status: _____

_____ Race: _____

Other Addresses: (if applicable) Sex: _____

Social Security No.: _____

Home Phone No.: _____ Work Phone No.: _____

Cell Phone No.: _____ Pager No.: _____

E-Mail Address(es): _____

Describe your Marital History (if applicable)(dates of marriage, place, name of spouse):

List name and age of any children:

Describe Past Arrests and Convictions (if applicable):

Is there anything in your past that may be embarrassing if discovered in a lawsuit: (if so, briefly describe)

Have you ever been a Plaintiff or Defendant in a lawsuit? If so, please describe?

EMPLOYMENT HISTORY:

(most recent employer first)

(1)Employer: _____ Date of Hire: _____

Address: _____

Positions held and when:

Pay (include any benefits, if applicable):

Date employment ended: _____

Reason for employment ended (if applicable):

(2)Employer: _____ Date of Hire: _____

Address: _____

Positions held and when: _____

Pay (include any benefits, if applicable):

Date employment ended: _____

Reason for employment ended (if applicable):

(3)Employer: _____ Date of Hire: _____

Address: _____

Positions held and when:

Pay (include any benefits, if applicable):

Date employment ended: _____

Reason for employment ended (if applicable):

EDUCATIONAL BACKGROUND:

Last grade completed in school: _____

(1) School/Training: _____

Dates of Attendance: _____

Area of Study: _____

Degree (if applicable): _____

If no degree, number of credits: _____

(2) School/Training: _____

Dates of Attendance: _____

Area of Study: _____

Degree (if applicable): _____

If no degree, number of credits: _____

(3) School/Training: _____

Dates of Attendance: _____

Area of Study: _____

Degree (if applicable): _____

If no degree, number of credits: _____

II. CLIENT=S COMPLAINT:

Against: _____

Address: _____

City: _____

County of Occurrence: _____

Date of Incident:

Describe in Detail the Nature of your Complaint:

**ANSWER THE FOLLOWING QUESTIONS IF YOUR COMPLAINT IS
EMPLOYMENT RELATED, IF YOUR COMPLAINT IS NOT EMPLOYMENT
RELATED, PLEASE GO TO III. DAMAGES, BELOW AND ANSWER
REMAINING QUESTIONS**

If Complaint is Employment related:

Are you a member of a union? If so, specify _____

Are you an at-will employee? _____

Do you believe you were discriminated because of your:
___age ___gender ___race ___medical condition

___height ___weight ___national origin ___religion

___race ___family status ___marital status

Were any statements made to you that made you feel discriminated against, if so, please describe?

What efforts have you made to find subsequent employment or get promoted?

Do you have a copy of your personnel file?

III. DAMAGES

What damages have you suffered (ex. Injuries, emotional, wage loss):

PHYSICAL/PSYCHOLOGICAL SYMPTOMS:

Medical Doctors in the past 10 years:

(1) Name: _____

Area of Medicine: _____

Address: _____

Phone: _____

Reason for Treatment: _____

(2) Name: _____

Area of Medicine: _____

Address: _____

Phone: _____

Reason for Treatment: _____

Hospitalizations (describe):

Past and Present Psychological Counseling (describe):

Have you ever been on anti-depressants (if yes, describe when, what, how much, dr. who prescribed, and reason):

IV. DOCUMENTS

Please attach or bring with you to your consultation any relevant documents to your claim, examples include:

Employment related Cases:

\$ personnel file

\$ resume

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- \$ handbooks or other policy manuals from employer
 - \$ witness statements
 - \$ medical records/psy. records

Personal Injury Cases:

- \$ medical records
- \$ accident/police reports
- \$ witness statements
- \$ insurance policies

V. WITNESSES:

List individuals with addresses and phone nos., if known, of individuals who may have information regarding your complaint:
