

NEW CLIENT QUESTIONNAIRE

DATE: _____

NAME: _____

ADDRESS: _____
(Street Address)

(City) (State) (Zip) (County)

DATE OF BIRTH: _____ email address _____

PHONE # (Days) _____ (Evenings) _____

All of the following questions refer to the employer with whom you have the dispute:

Name of Employer: _____

Address of Employer: _____

Phone Number of Employer: _____

Date began working for employer: _____

Date last worked for employer: _____

ALL POSITIONS WITH THE EMPLOYER:
(PLEASE LIST IN REVERSE CHRONOLOGICAL ORDER --MOST RECENT TO
LEAST RECENT)

POSITION	DATES IN POSITION	BEGINNING SALARY	FINAL SALARY

Did you receive regular evaluations? _____

If you did receive regular evaluations, were they positive? _____

If evaluations were positive for a period of time, and then became poor, please explain what event(s) may have triggered the change: _____

If you were fired or formally disciplined, please state the reason your employer gave for the action: _____

Please briefly explain why you believe you were treated unfairly by your employer: _____

Please identify any witnesses or documents that can verify that you were treated unfairly by your employer: _____

Please explain all actions, if any, you have taken to redress the unfair treatment by your employer (e.g. filed a charge of discrimination with the Civil Rights Commission, followed a company grievance procedure...). _____

If this is a wrongful discharge situation:

- a. Have you been able to find employment after being fired/laid off? _____
 - b. If so, with whom? _____
 - c. With what companies or organizations did you seek employment? _____
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Have you been a plaintiff or a defendant in a lawsuit? _____

Have you ever been fired by a prior employer? _____

What would you like to see this law firm accomplish for you? _____

Other comments: *(Use the reverse side of this page)*

How did you hear about this law firm?

- Referred by another attorney: _____
(Name of Attorney)
- Referred by another client: _____
(Name of Client)
- Yellow pages ad: Columbus / Northeast / Northwest (Please circle one)
- Other: (describe) _____

DATE: _____ **SIGNATURE:** _____