

Gillespie Sanford LLP

gillespiesanford.com

Intake Questionnaire

Thank you for contacting us regarding your legal needs. If you are interested in having our firm represent you or are seeking advice about your employment situation, please fill out and return this form as soon as possible. Submission of this form does not create an attorney-client relationship or guarantee that we can or will represent you, but it does allow us to consider your request for legal advice. **The information you provide to our firm in this form is considered CONFIDENTIAL and will not be shared, regardless of whether we ultimately take your case or not.**

Please type or print your answers and return this form to us by:

1. Email to intake@gillespiesanford.com
2. By fax to 214-838-0001
3. By mail to 4925 Greenville Ave., Suite 200 Dallas Texas 75206

Form Submission Date: _____
Month, Day and Year

Information about you:

Name: _____ (First, Middle, Last)

Address: _____ (Address, City, State, Zip)

Phone numbers: Home _____

Work _____

Mobile _____

Which number is the best one for contacting you? _____

Your Social Security Number (optional): _____

Email: Address _____

Is this a personal or work address?¹ _____

Does anyone else read or have access to this email? Yes ___ No ___

Date of birth: _____ (Month, Day, Year) Your current age? _____

¹ IMPORTANT: If you send GS an email, do not send it from your work email address or while you are at work. Your employer may (now or later) have access to your email account and web activities.

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Gender: Male ____ Female ____

Religion: _____

Country of Birth: _____

Race/Ethnicity: _____

Disabilities, if any: _____

Highest level of education you have completed and name of institution or school:

High School _____

College _____

Trade School _____

Other (please specify) _____

General Information:

Attorney you wish to talk to (or “any attorney”): _____

Who referred you to this law firm? _____

What services do you need?

_____ Office consultation and advice only

_____ Office consultation and representation in litigation or other proceedings

Why do you want to consult an attorney? (check all that apply)

_____ You were fired or laid off Date notified _____

Effective date, if different _____

_____ You were demoted Date notified _____

Effective date, if different _____

_____ You were not hired Date notified _____

Effective date, if different _____

_____ You were not promoted Date notified _____

Effective date, if different _____

_____ You were harassed Date harassment began _____

Last incident of harassment _____

_____ You were not paid overtime Date notified _____

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Describe briefly your job duties? _____

What compensation and benefits did / do you receive? Approximate annual **totals** of salary and bonus:

2012 _____ 2013 _____ 2014 _____ 2015 _____
2016 _____ 2017 _____ 2018 _____

Fill in all that apply as to your current pay – or pay just before termination:

Base salary _____ per year or _____ per hour

Are you paid bonuses or commissions? Yes _____ No _____

If so, how much do you earn on average in bonus and/or commission? _____

How is the bonus and/or commission calculated? _____

Do receive the following benefits:

Company stock or stock options Yes _____ No _____

Health/dental insurance Yes _____ No _____

Flex Savings Accounts Yes _____ No _____

Vacation Yes _____ No _____

Sick leave/personal days Yes _____ No _____

Pension/401(k) Matching Yes _____ No _____

Company Car Yes _____ No _____

Phone Allowance Yes _____ No _____

Other (please describe) _____

Information about your situation:

VERY IMPORTANT: What was the **REASON** that the company gave you for its decision(s)?
(list all the reasons you were given with the exact language if possible)? _____

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Were these reasons true? Yes _____ No _____

If the reasons given to you were not true, please list why the reasons are false: _____

What do you believe was **the real reason** for the company's decision? _____

Who informed you the decision(s)? _____

What is that person's position and/or job title? _____

Who do you believe really made the decision? _____

What is that person's position and/or job title? _____

Do you believe other people were also involved in making the decision? _____

If so, who were those people? _____

Have you been replaced? Yes ____ No ____ If so, provide the name, age, race and sex of your replacement? _____

Have you been offered a severance package? Yes ____ No ____

Are you planning on accepting it? Yes ____ No ____ Don't know ____

What are the components of the package? _____

How much money have you been offered? _____

Have you been offered any benefits (like company will pay your COBRA costs)? _____

What is deadline to make a decision? _____

Have you negotiated or attempted to negotiate any of the terms of the package? Yes ____ No ____

If so, please specify: _____

Have you filed an EEOC charge or similar form concerning this situation? Yes ____ No ____

If so, when did you file this form? (please attach a copy) _____

Are you aware of any deadlines affecting your claims or situation? Yes ____ No ____

If so, please describe: _____

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Do you have confidential documents or company property? Yes _____ No _____

If so, please explain what information you have and why you have retained it: _____

RELEASES, ARBITRATION AGREEMENTS, AND NON-COMPETES:

Have you signed a **release** of your claims? Yes _____ No _____ Don't know _____

Have you signed an **arbitration agreement**? Yes _____ No _____ Don't know _____

If you signed an agreement to arbitrate or if your employer has a mandatory arbitration policy, please attach a copy of the agreement and/or policy.

Have you signed any non-disclosure, noncompete, and/or non-solicitation agreement with this employer?

Yes _____ No _____ Don't know _____

If you signed anything with non-compete language in it, please attach a copy of the agreement (regardless of the title of the agreement).

Information about your potential claim(s):

Please check the type(s) of claim(s) you think might apply to your situation:

Discrimination Claims? Yes _____ No _____

Please check all that apply:

- _____ race discrimination
- _____ gender discrimination
- _____ age discrimination
- _____ national origin discrimination
- _____ disability discrimination
- _____ religious discrimination
- _____ pregnancy discrimination
- _____ other (please describe) _____

Harassment Claims? Yes _____ No _____

What type of harassment have you experienced? _____

Has the harassment been verbal, physical or both? _____

Who is the person who has harassed you? (name and title) _____

Have you ever complained about the harassment? Yes _____ No _____

If so, to whom did you complain? _____

Did you complain in writing? Yes _____ No _____

If yes, please attach a copy of your written complaint.

Retaliation Claims? Yes _____ No _____

_____ retaliation for complaining or opposing discrimination

_____ retaliation for complaining of or resisting harassment

_____ retaliation for taking FMLA leave

_____ retaliation for whistleblowing

_____ Sarbanes/Oxley – complaining of violations of security laws

_____ other (please describe) _____

Failure to pay overtime claims? Yes _____ No _____

What type of overtime claim do you believe you have:

_____ My employer paid me straight time for all hours worked, including hours over 40 in a week.

_____ My employer improperly classified me as exempt

_____ My employer did not pay me for all hours worked

_____ My employer made me work off the clock

_____ My employer improperly calculated my overtime

_____ Improper tip pooling

_____ Other (Describe: _____)

Other Claims? Yes _____ No _____

_____ violation of the Family Medical Leave Act

_____ defamation

_____ another company got me fired
_____ breach of contract
_____ other (please describe) _____

Briefly describe the facts or circumstances that cause you to believe you have the claims you have identified. Please attach a separate sheet if necessary.

Information about your potential damage(s):

What is the dollar amount you believe you have lost because of your employer's actions? _____

Please describe how you computed that number (use a separate attachment if necessary): _____

Have your employer's actions caused you physical or emotional distress? Yes ____ No ____

If so, please describe your symptoms: _____

Have you received treatment for these symptoms? Yes ____ No ____

If so, what treatment(s) or medication(s)? _____

If you were terminated or laid-off, please answer the following:

Have you applied for unemployment compensation? Yes ____ No ____

If so, are you receiving benefits? Yes ____ No ____

Have you searched for similar employment since you lost your job? Yes ____ No ____

Have you been offered any other jobs? Yes ____ No ____

Have you accepted any jobs? Yes ____ No ____

When were you hired? _____

What is your salary? _____

Do you expect to find comparable (within 20% of what you were making) employment in the near future? Yes ____ No ____

Other information we need to know:

Are you currently represented by an attorney? Yes _____ No _____

If so, who? _____

Have you met or spoken with another attorney about this employment situation? Yes ____ No _____

If so, when did you meet, what was the name of the attorney, and what was the outcome?

Have you ever filed a lawsuit or been sued before? Yes _____ No _____

Have you ever testified in court or a deposition before? Yes _____ No _____

Have you ever been convicted of any crime (other than a minor traffic violation)?

Yes _____ No _____

If so, please specify? _____

Are you currently facing any criminal charges? Yes _____ No _____

If yes, please describe (and attach a separate sheet if necessary):

Have you filed for bankruptcy in the last five years? Yes _____ No _____

If so, what was the outcome? _____

IMPORTANT: If you send GS an email, please do not sent it from your work email address or while you are at work. Your employer may (now or later) have access to your email account and web activities.

Signature: _____ **Date:** _____