

SMITH JOHNSON, INC.
Intake Questionnaire
(Incomplete intake questionnaires will not be considered)

1. Name _____ E-Mail: _____
2. Home Address: _____ City/State/Zip: _____
3. Date of Birth: _____ Social Security No. _____
4. Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____
5. Employer - Present: _____ Employer - Previous: _____
6. Who referred you? _____ Do you have a Facebook/MySpace Acct.? Yes ____ No ____
7. Nature of Complaint:

Sexual Harassment _____	Whistleblower _____	National Origin _____
Disability Discrimination _____	Sexual Orientation _____	Discrimination _____
Racial Discrimination/ _____	Wrongful Termination _____	Family Medical Leave Act _____
Harassment _____	Refusal to do Illegal Act _____	Wage & Hour _____
Religious Discrimination _____	Cancer Discrimination _____	Age Discrimination _____
Pregnancy Discrimination _____	_____	Defamation _____
8. Against what employer do you wish to complain?: _____
9. Date of Hire: _____ Date of Termination: _____ Salary or Wage: _____
10. Occupation: _____
11. Why were you terminated? _____
12. Have you, or do you plan to file bankruptcy? Yes _____ No _____
13. Have you filed a charge with the Department of Fair Employment and Housing, Equal Employment Opportunity Commission, U. S. Department of Labor, or California Labor Commission? If so, please attach a copy of your charge to this intake questionnaire. Yes _____ No _____ Agency _____
14. Have you received a "Right-to-Sue" letter from any agency? If so, please attach a copy of your Right to Sue letter to this intake questionnaire. Yes _____ No _____ Agency _____
15. Have you filed a Worker's Compensation claim against this employer? Yes _____ No _____
16. Have you applied for Unemployment Benefits? Yes _____ No _____
17. Have you applied for Disability Benefits? Yes _____ No _____
18. Did you receive two 10-minute breaks each day? Yes ___ No ___ Explain _____
19. Did you take an uninterrupted 30-minute lunch break each day? Yes ___ No ___ Explain _____
20. Did your employer consider you exempt from overtime? Yes ___ No ___
21. How often did you work overtime? _____
22. Were you paid for all hours of overtime worked? Yes ___ No ___ At what hourly rate? _____
23. Were you paid more than your normal pay for missed 10 minute breaks or 30 minute lunch breaks? Yes ___ No ___
 Explain _____
24. Did you perform any work "off the clock"? Explain _____
25. How many hourly (non management) employees performed the same type of work as you at this company? _____
26. Have you previously consulted with another attorney concerning this matter? Yes _____ No _____
 If yes, with whom and when: _____

Please give a brief statement of the facts on the back of this form.

-OVER-

