

**W.J. SMITH & ASSOCIATES, 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? \_\_\_\_\_
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-**

Please give a brief statement of the facts: \_\_\_\_\_  
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Thank you for contacting our office regarding your employment problem. We would like you to complete this Intake Questionnaire in order to assist us in evaluating your case. Reviewing your Intake Questionnaire does not mean that W. J. Smith & Associates has agreed to act as your attorneys. We are agreeing only to evaluate the facts presented in your Intake Questionnaire responses to determine whether we can assist you. During the intake process, W. J. Smith & Associates is not responsible for statutes of limitations. There is no charge for reviewing this form.

**I acknowledge and understand that W.J. SMITH & ASSOCIATES, INC., are not my attorneys and have not undertaken representation at this point.**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**W.J. SMITH & ASSOCIATES, INC.**  
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Please visit [www.workplacefairness.org](http://www.workplacefairness.org) for employee rights information.