

**LABOR RELATED
CLIENT INFORMATION SHEET**

TODAY'S DATE _____ E-MAIL _____

NAME _____
 First Middle Last

ADDRESS _____

City State Zip Code

TELEPHONE (Days) _____ (Evenings) _____

MARITAL STATUS Married Single Divorced Widowed

SOCIAL SECURITY NUMBER _____ - _____ - _____ AGE _____ DOB _____

HOW DID YOU HEAR OF OUR OFFICE? _____

DO YOU HAVE ANY LAWSUITS PENDING AT THIS TIME? _____

WHO REPRESENTS YOU IN THESE ACTIONS? _____

HAVE YOU SUFFERED ANY PERSONAL INJURIES AS A RESULT OF ANY ACCIDENTS YOU HAVE BEEN INVOLVED IN? _____

This section is regarding the employer you have a possible claim against; please fill out the information accordingly, providing specific details of your allegations.

EMPLOYER'S

NAME _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

Is this a branch or subsidiary of a corporation or company? _____ if yes, what is the Name of its headquarters? _____

ADDRESS OF HEADQUARTERS _____

DATE OF HIRE _____ DATE OF TERMINATION _____

DID YOU BELONG TO A UNION: YES NO

HAVE YOU FILED A GRIEVANCE YES NO

ARE YOU A VETERAN YES NO What branch of service? _____

POSITION AT THE DATE OF

HIRE? _____ SALARY: _____

POSITION AT THE DATE OF TERMINATION

_____ SALARY: _____

PROMOTIONS:

PROMOTED TO: _____ IN _____

Position

Month

Year

DO YOU FEEL THAT YOU WERE DISCRIMINATED AGAINST? _____ IF SO, ON WHAT BASIS:

AGE/ NATIONAL/ETHNIC ORIGIN; RACE; SEX; RELIGION; WHISTLEBLOWER;

WORKMAN'S COMP;

HEIGHT; WEIGHT; MARITAL STATUS

SUPERVISORS: _____ TITLE _____

_____ TITLE _____

_____ TITLE _____

FELLOW EMPLOYEES (WITNESSES) _____

REASON FOR TERMINATION: What reason did your employer give for terminating you?

(Use the back of this sheet if you need more space) _____

If you believe you were discharged for reasons other than what your employer claimed,

please explain (use the back of this sheet if you need more space) _____

DURING THE COURSE OF YOUR EMPLOYMENT DID YOU (Please Circle One)

A) VIOLATE A COMPANY RULE YES NO

If yes, please

explain_____

B) SEE OTHERS VIOLATE SIMILAR COMPANY RULES? YES NO

If yes, please

explain_____

C) RECEIVE A COPY OF AN EMPLOYEE HANDBOOK/POLICY MANUAL YES NO

D) RECEIVE PERFORMANCE EVALUATIONS YES NO

E) HAVE AN EXPRESS CONTRACT (written/verbal) YES NO

F) COMPLETE A PROBATIONARY PERIOD YES NO

G) RECEIVE LETTERS OF RECOMMENDATION YES NO

DID YOU RECEIVE ANY OF THE FOLLOWING BENEFITS

Profit sharing	YES	NO	Pension Plan	YES	NO
Health Insurance	YES	NO	Dental Insurance	YES	NO
Bonuses	YES	NO	Stock Options	YES	NO
401K	YES	NO	Other Benefits	YES	NO

