

POTENTIAL NEW CLIENT INFORMATION & FACT SHEET

You may fill out this document by entering your information directly into the fields provided, and then save or print prior to sending to our office for evaluation of your claim. Please read the additional instructions and important information on **Page 4** before proceeding.

Name: _____

Home Address (please include City, State and Zipcode):

Home Phone: _____ **Cell Phone:** _____

What is the best number to use to reach you and what is the best time to contact you?

Date of Birth: _____

Employer: _____

Employer's Address & Phone Number:

Date you were hired? _____

Date you last worked for that employer? _____

Did you resign, quit, or get terminated? _____

What reason was given for your termination?

What was your job title? _____

What were your job duties? _____

What was your rate of pay? _____

Do you have a written contract for employment with this employer? Yes No

Were you a member of the union while employed by this employer? Yes No

Did you ever work more than 8 hours per day or 40 hours per week and not get paid overtime? Yes No

Were you able to take a 10 minute break after every 4 hours of work? Yes No

Were you permitted to take an uninterrupted, duty-free lunch or meal period of at least 30 minutes during your workday? Yes No

Have you filed a complaint regarding your wages with the Labor Commissioner? Yes No

If so, when? _____

Do you know of other people who worked for the employer you are complaining about who were also denied their lunch/meal or rest breaks? Yes No

If so, what is their name and telephone number?

How many full time employees at the workplace? _____

Was your termination voluntary? Yes No

Do you think you were wrongfully terminated? Yes No

Why do you believe your termination was wrongful?

Were you a victim of any of the following while employed:

- | | |
|---|--|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Age Discrimination |
| <input type="checkbox"/> Race or National Origin Discrimination | <input type="checkbox"/> Disability/Medical Discrimination |
| <input type="checkbox"/> Gender Discrimination | <input type="checkbox"/> Sexual Orientation Discrimination |
| <input type="checkbox"/> Pregnancy Discrimination | <input type="checkbox"/> Denial of Medical or Family Leave |

What is the name and title of the person you believe discriminated against or harassed you?

Were there any witnesses to the treatment you are complaining about? Yes No

Was anyone else also discriminated against or harassed based on the above? Yes No

Did you ever complain to your employer of how you were being treated at work? Yes No

What happened after you complained?

What was the last date you were harassed or discriminated against? _____

Have you filed a formal complaint with the Department of Fair Employment and Housing or the EEOC regarding your claims? Yes No

If so, when? _____

Have you received a "Right-to-Sue" letter from a governmental agency? Yes No

During your employment did you become aware that your employer was engaging in conduct you believed was wrongful or illegal? Yes No

Did you refuse to participate in that conduct? Yes No

Did you complain to anyone about that conduct? Yes No

What happened after you complained?

Have you been able to secure a new job?

Yes No

Who is your current employer? _____

What is your current rate of pay? _____

What is your current job title and job duties?

If there is any additional information that you would like to provide, please feel free to use this space to do so:

If you have any written documents or witness statements regarding your claims, please fax this fact sheet, together with those documents to **(805) 845-9634**. You may also email this document as an attachment to PNCEvaluation@adamsemploymentlaw.com.

Thank you for contacting Adams Law regarding your legal claims or questions. We value each potential client who contacts us and will make arrangements to meet or speak with you when convenient, including Saturdays. **Please be advised, however, that Adams Law is not your legal counsel until there is a signed fee agreement in place between you and the firm. By submitting this form, you are requesting that we evaluate whether you have a valid claim. We have not agreed to act as your legal counsel.**

You are required to acknowledge that you understand that Adams Law is not your legal representative and has not undertaken to represent you merely by the submission of this fact sheet. Please sign and date below.

Signature: _____ Date: _____

Printed Name: _____