POTENTIAL NEW CLIENT INFORMATION & FACT SHEET

Name:

Home Address (please include City, State and Zip code):

Home Phone:

Cell Phone:

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How did you learn of our firm/hear about us?

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:

Sexual Harassment

Race or National Origin Discrimination

Gender Discrimination

Pregnancy Discrimination

Age Discrimination Disability/Medical Discrimination Sexual Orientation Discrimination

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.](mailto: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: