

INITIAL CLIENT INTERVIEW

1. GENERAL BACKGROUND INFORMATION

Name _____

Address _____

City, State, Zip _____

County _____

Telephone No. _____

E-mail: _____

Date of Birth _____

Social Security No. _____

Who or how were you referred to our firm? _____

Last grade completed in school _____

Health/Medical problems _____

2. CLIENT'S COMPLAINT

Against _____

Employer/Ex-Employer (circle which one)

Address _____

City _____ State _____ Zip _____

County _____

Telephone No. _____

Date of Hire _____

Were you terminated or did you resign? _____

Date of termination, if any _____

Position terminated from _____ Salary _____

Who decided terminate you? _____; Position? _____

Were you an at-will employee? _____

New job, if any(s) _____ Salary _____

Date of Hire at new job _____

Why do you think your employer terminated you? _____

3. Are/were you a member of a Union? If yes, did you file a grievance and what is the status? _____

Are you a veteran ? _____

4. Do you have a written contract? _____

5. Have you signed any agreement with your employer to arbitrate any claims arising out of your employment? _____

6. Have you agreed to any shortened statute of limitations (time period) in which you may file a claim? _____

7. Are you willing to sign releases regarding your tax returns (related to your economic damages) **and** medical records (related to non-economic damages)? _____

8. **TERMINATION**

When and how were you notified, and by whom were you notified (who was present, who spoke, and describe their position within the company):

Reason given: _____

9. Information on individual replacing you:

Age _____

Date of hire _____

Date of replacement _____

Former Job title _____

10. Are you as qualified and experienced as the person who replaced you?

11. Are you aware of any statement made with regard to your age, sex, race, weight, height, or medical condition, etc.? Your longevity of service? The cost of keeping you on the payroll? If so, please detail the statement, indicating whether it was oral or written, and, if oral, whether there are cooperative witnesses who will testify. (List names): _____

12. Same as above for any other employees in the company: _____

13. Was there an economic cutback by the company at the time of your termination? _____

14. What defenses will the company use to justify your termination? (Economic cut back, performance, sales quotas, etc.) _____

15. What facts will you use as a rebuttal? _____

16. Have you ever been treated differently than others have been in similar circumstances? If so, please identify the name, sex, race and age of the salaried people who have been given preferential treatment and give a brief description of the similarities which exist between your situation and theirs and the nature of the preferential treatment which they have received: _____

17. Is your case part of a pattern of discrimination? If it is, describe the facts which support this view: _____

18. Have you ever been terminated from a job prior to the issue you are raising with this firm? (____ Yes/____ No). If yes, state the employer name and the year of the termination.

19. On any previous occasion, have you sued or have you been sued? If yes, please describe:

20. Have you seen any other attorneys regarding the issue at hand? If so, please give names and whether or not they agreed to take your case: _____

21. What embarrassing facts would you not want to come out if this case goes to trial (e.g. conviction of a crime or resume fraud)? _____

22. Did you make any false statements in your resume or employment application? If so, please describe:

23. Does your employer/ex-employer have enough assets to pay a judgment should your suit be successful? _____

24. Has your employer filed for bankruptcy or do you have any information indicating that your employer has filed or may file for bankruptcy? If yes, please provide a brief summary of the information you possess, including, if known, any basic information about your employer's bankruptcy action (e.g. court in which the case was filed, date of filing and case number).

25. Have you filed for bankruptcy or are you contemplating filing for bankruptcy? If you have filed for bankruptcy, please provide basic information about your bankruptcy action (e.g. court in which your case was filed, date of filing and case number).

26. Do you currently have any claims pending against the employer? If yes:

Where _____

Status of Complaint _____

27. Documents

Do you have records of:

- _____ salary (from hire to termination)
- _____ complaints filed with MDCR, EEOC, MESC
- _____ employee handbook
- _____ performance evaluations
- _____ employment contracts

If yes, please provide us with a copy.

28. Possible Witnesses: **Please attach a list of witnesses that would be supportive of your case and who would speak to me or our private investigator. Give their names, addresses and phone numbers. NOTE: IT IS EXTREMELY IMPORTANT THAT WE HAVE THIS INFORMATION TO EVALUATE YOUR CASE.**

29. Benefits: Have you lost benefits because of your termination? ____ If yes, please check those benefits.

- pension: _____
- profit sharing: _____
- medical: _____
- dental: _____
- optical: _____
- life insurance: _____
- disability insurance: _____

30. What is the total amount of money that you have lost to date as a result of your termination? _____

31. Have you sought medical or psychological treatment/counseling as a result of this claim?

If yes, when (first time) _____

With whom (name, address, telephone): _____

Reason: _____

Medical _____ Psychological _____

Had you sought medical/psychological treatment prior to the event(s) which triggered this claim? _____

If yes, was it for problems unrelated to the claim? _____

32. Please provide a resume or previous employment history.

33. Marital Status _____
Number of dependents and ages _____

Was your spouse employed at the time of termination? If so, where? _____

Is your spouse currently employed? If so, where? _____

34. Have you signed any release or waiver of claims, or signed a severance agreement with a release or waiver clause? _____ If yes, please provide the release, waiver or severance agreement.

35. Do you have any **work-related** documents on your **personal** computer(s)?
If yes, please indicate generally what types of work-related documents are on your computer(s)?

36. Do you post about your employment on Facebook or any other internet social media site? _____

37. Have you ever been charged with or convicted of a crime? (_____
Yes/_____ No). If yes, provide details below:

38. You should understand that if we file a lawsuit on your behalf, your background will be extensively investigated by the other side. Is there anything we should know about your history prior to agreeing to represent you? Is there anything potentially damaging or embarrassing? _____

39. Do you have notes/diary/journal/email/correspondence regarding your claim(s)? (____ Yes/ ____ No)

40. Prepare a chronology of events leading up to and following your discharge, harassment or discrimination.

The chronology of events should be in the following form:

(EXAMPLE)

1/1/90 Hired
1/1/91 Received excellent evaluation
2/3/91 Refused to alter payroll records or refused sexual advances or supervisor made racist remarks, etc.
3/1/93 Terminated with no warning

You should provide as much detail as possible in your chronology.

Use the following as a template or form to request a copy of your personnel file from your employer:

REQUEST FOR PERSONNEL FILE

TO WHOM IT MAY CONCERN:

Please consider this communication my request for, a full and complete copy of my personnel file pursuant to the Bullard-Plawecki Right to Know Act, MCLA § 423.501, et seq.

Name: _____

Address: _____

Social Security No.: _____

Signature: _____

Return requested information to the above name and address.