

D: \_\_\_\_\_  
R: \_\_\_\_\_  
RF \_\_\_\_\_

INTERVIEW QUESTIONS TO PROSPECTIVE CLIENTS WITH  
EMPLOYMENT-RELATED PROBLEMS

1. Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Preferred Gender Pronoun: \_\_\_\_\_

2. Who referred you to this office? \_\_\_\_\_

Is that person an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what city/town is the attorney located? \_\_\_\_\_

3. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of present employer: \_\_\_\_\_

\_\_\_\_\_

Job title: \_\_\_\_\_

Present salary: \_\_\_\_\_ Date began work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Name and address of employer causing your employment problem (if different from above):

\_\_\_\_\_

\_\_\_\_\_

If demoted or transferred, please indicate change(s): \_\_\_\_\_

\_\_\_\_\_

Dates of employment at that employer: started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Was an adverse employment action taken against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what action was taken? (e.g., terminated, demoted, transferred, etc.): \_\_\_\_\_

\_\_\_\_\_

6. Date you were notified adverse action would be taken: \_\_\_\_\_

Date on which that action became effective: \_\_\_\_\_

7. Age at time the adverse action was taken: \_\_\_\_\_ years.

8. If no adverse action was taken against you, what is the nature of your difficulty with your employer? \_\_\_\_\_

\_\_\_\_\_

9. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates and location of military service: \_\_\_\_\_

\_\_\_\_\_

10. Were any oral or written statements made to you at time of hire that you would be hired "permanently," for a year or period of years, could only be fired for "cause," "good cause," or good reason? If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

11. Reason given you for adverse employment action: \_\_\_\_\_

\_\_\_\_\_

12. Reasons you believe were real reasons for this action if different than reasons stated you:

\_\_\_\_\_

13. Name of supervisor(s) and/or person(s) who took action against you: \_\_\_\_\_

\_\_\_\_\_

14. Do you believe that your sex, age (over 40), race, religion, color, national origin, ancestry, disability, sexual orientation or veteran status played a role in the employer's decision to take action against you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please state which factors you feel were important: \_\_\_\_\_

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15. Have you requested a copy of your personnel file? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Did/does your company have a retirement program? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Does your employment problem concern possible loss of retirement or other benefits?  
Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does your employment problem involve sexual harassment of any sort?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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19. Did you suffer any physical symptoms from the separation, or see a doctor because of physical problems related to your employment situation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and list name and address of your doctor: \_\_\_\_\_

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20. Did you suffer any mental or emotional problems or trauma as a result of your employment situation or see a doctor, psychiatrist, psychologist or counselor about any such problem? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and list name and address and people seen: \_\_\_\_\_

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21. Have you filed any court suit, discrimination complaint, disability claim, worker's compensation claim, unemployment claim or any internal grievance with the employer about your case? If yes, please explain, and give status: \_\_\_\_\_

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22. Have you previously had a lawyer in this case? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name, address and telephone number of that lawyer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Are you willing/able to pay for ongoing legal services in your matter, beyond today's consultation, on an hourly basis? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Are you a member of a union? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, have you consulted with your union on this matter? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you filed a union grievance? Yes \_\_\_\_\_ No \_\_\_\_\_ Status? \_\_\_\_\_  
Please state name of union representative, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what kind of job does your spouse hold and with what employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. Do you have minor children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list their names and dates of birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Are you involved in any other related or unrelated legal proceedings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check type of proceeding:

<input type="checkbox"/> bankruptcy	<input type="checkbox"/> business dispute	<input type="checkbox"/> car accident/personal injury/slip and fall
<input type="checkbox"/> criminal	<input type="checkbox"/> divorce/family	<input type="checkbox"/> employment/labor
<input type="checkbox"/> landlord/tenant/real estate	<input type="checkbox"/> workers compensation	
<input type="checkbox"/> other (please specify) _____		

If any of the above boxes are checked, please describe case status: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Any other details? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLOSURE: Professional ethics rules applicable to lawyers require us to obtain your consent if our law firm, Messing, Rudavsky & Weliky, P.C., pays a referral fee to the attorney who referred you to us. We sometimes pay such fees out of our own funds. That referral fee will have no effect on the legal services we provide and it will not make the legal fee you pay any higher or lower. Also, the attorney who referred you to our office will not be participating in our office's confidential consultation with you without your permission.**

**Please select one of the three options below and sign at the bottom of the page. Thank you.**

- I authorize Messing, Rudavsky & Weliky, P.C. to pay a referral fee out of its own funds to the attorney who referred me to the firm. This will not affect the fees I pay.**
  
- I decline to authorize Messing, Rudavsky & Weliky, P.C. to pay a referral fee out of its own funds to the attorney who referred me to the firm.**
  
- I was not referred to Messing, Rudavsky & Weliky, P.C. by an attorney.**

X \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_