

GREEN, SAVITS & LENZO, LLC

CLIENT CONSULTATION QUESTIONNAIRE

PLEASE PRINT

Date: _____ SS# _____ - _____ - _____

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Mobile Phone: _____ Beeper: _____ E-mail: _____

Who referred you to this law firm? _____

Were you referred to a particular lawyer in the firm? Yes _____ No _____

Who? _____

Were there any other factors that assisted you in choosing our firm, such as an advertisement, website, or news coverage? _____

Employer with whom you have a legal problem: _____

Work location: _____

How long were you (or have you been) employed by this employer? _____

Specific date of hire: _____

Have you been (and if so, when):

1. Terminated? _____ Date Notified: _____ Effective Date: _____
2. Demoted? _____ Date Notified: _____ Effective Date: _____
3. Denied promotion? _____ Date Notified: _____ Effective Date: _____

4. Refused a job for which you applied? _____

Date Notified: _____ Effective Date: _____

5. Other _____

What was the stated reason?

What is the name of the person who notified you of the adverse decision? _____

What is this person's position? _____

Who do you think really made the decision? _____

What do you think is the biggest real reason for that decision?

What is your age? _____ Date of birth? _____

What was your compensation? _____

What was your job title (or what job were you seeking)? _____

If you were fired, how much severance pay (if any) were you offered or given? _____

Have you signed a release or waiver? _____

Were you replaced, and if so, by whom? _____

Have you found other employment?

1. Yes (if so, please state your compensation) _____

2. No, but expect to soon _____

3. No, and do not expect to soon _____

Do you believe that your employer or supervisor discriminated against you or harassed you on the basis of any of the following characteristics (yes, no, or maybe)?

- Age: _____
- Ancestry: _____
- Civil Union Status: _____
- Color: _____
- Disability: _____
- Domestic Partnership Status: _____
- Gender: _____
- Gender Identity: _____
- Genetic Traits: _____
- Marital Status: _____
- Military Service: _____
- Nationality: _____
- National Origin: _____
- Pregnancy: _____
- Race: _____
- Religion: _____
- Sexual Orientation: _____

Do you believe that your employer or supervisor retaliated against you because you engaged in any of the following activities (yes, no, or maybe)?

- Objecting to unlawful discrimination in the workplace: _____
- Objecting to or refusing to perform an unlawful act in the workplace: _____
- Seeking family or medical leave: _____
- Seeking workers' compensation for a workplace injury: _____

Are you claiming that you were subjected to a hostile work environment? _____

If yes, indicate the exact date of the last act of harassment. _____

Do you believe that your employer breached a contract that it had with you? _____

Briefly describe your main complaint: _____

What do you want to accomplish through an attorney? _____

Date (if any) of United States Equal Employment Opportunity Commission ("EEOC") charge: _____

Date (if any) of New Jersey Division on Civil Rights ("DCR") charge: _____

Date (if applicable) of Determination Letter from EEOC or DCR: _____

Have you been fired from any other jobs? Yes _____. No _____. If yes, set forth why you believe you were fired and what reasons your employer gave.

Is there any part of your resume or prior employment applications that may not be considered true? If yes, please explain:

Are you aware of any kind of deadline with respect to your need for legal advice or representation? If so, please explain briefly:

Signature: _____ Date: _____