

Tanner and Associates, P.C.  
6300 Ridglea Place, Suite 407  
Fort Worth, Texas 76116  
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817.377.1136 (fax)

**Intake Questionnaire**

**All information you provide will be maintained as confidential.  
Please print or type your responses and answer all questions.  
Incomplete or illegible questionnaires will not be reviewed.**

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Mobile \_\_\_\_\_

\_\_\_\_\_

E-Mail Address

\_\_\_\_\_

Age

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Driver's License Number and State

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Identify the person who referred you to us by name or other source of referral \_\_\_\_\_

Identify employer or other company with which you have a legal problem by name \_\_\_\_\_

Approximately how many employees does the employer have nationally? \_\_\_\_\_ locally? \_\_\_\_\_

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

Effective date of hire \_\_\_\_\_

What (was/is) your salary? \_\_\_\_\_ What (was/is) your job title? \_\_\_\_\_

State whether you have been:

Terminated \_\_\_\_\_ Date Notified \_\_\_\_\_ Effective date of termination \_\_\_\_\_

Demoted \_\_\_\_\_ Date Notified \_\_\_\_\_ Effective date of demotion \_\_\_\_\_

Denied promotion \_\_\_\_\_ Date notified \_\_\_\_\_

Refused a job you applied for \_\_\_\_\_ Date notified of refusal \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_

What was the stated reason for the adverse decision? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 (e.g., the person who really wanted you terminated)?

What do you think is the **most important real reason** for the decision to discharge you or take other adverse action against you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you represented by a labor organization? \_\_\_\_\_ If so, identify the union and state whether a grievance involving this matter has been filed on your behalf. \_\_\_\_\_

In case of refused application, what job were you seeking? \_\_\_\_\_

In case of termination how much, if any, severance pay were you given? \_\_\_\_\_

Have you signed a release or waiver? \_\_\_\_\_

What is the age, race and sex of your replacement? \_\_\_\_\_

Have you found other employment?

1. Yes (if so, state the name of your new employer, date of hire, and the amount of your new salary)  
\_\_\_\_\_
2. No, but expect to find employment soon \_\_\_\_\_
3. No, and do not expect to find employment soon (please explain) \_\_\_\_\_  
\_\_\_\_\_

Do you believe your case may involve any of the following? (Answer “yes,” “no” or “possibly.”)

1. Age discrimination \_\_\_\_\_
2. Sex discrimination \_\_\_\_\_
3. Sexual harassment \_\_\_\_\_

If so, state the name, sex, age and job title of each person who sexually harassed you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Disability discrimination \_\_\_\_\_

If so, what is your disability? \_\_\_\_\_

Does the company know you have a disability? \_\_\_\_\_

5. Race discrimination \_\_\_\_\_
6. National origin discrimination \_\_\_\_\_
7. Religious discrimination \_\_\_\_\_
8. Libel or slander \_\_\_\_\_
9. Invasion of privacy \_\_\_\_\_
10. Breach of contract \_\_\_\_\_

If so, please attach a copy of your employment contract.

11. Fired for refusing to perform an illegal act \_\_\_\_\_

If so, what did you refuse to do? \_\_\_\_\_

\_\_\_\_\_

12. Discharged for filing a worker's compensation claim \_\_\_\_\_

13. Another person or company got you fired \_\_\_\_\_

14. Failure to pay overtime \_\_\_\_\_

15. Other (please specify) \_\_\_\_\_

\_\_\_\_\_

At the job in question (the employer you may wish to sue), did you complete a written job application or submit a resume? \_\_\_\_\_ (yes or no)

If yes, does it contain any misstatements, important omissions, or inaccuracies as to your education, qualifications, criminal record, work history, etc.? \_\_\_\_\_ (yes or no) If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ (yes or no) If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ (yes or no) If so, is the bankruptcy proceeding still pending and has the employment claim been listed as an asset of the estate? \_\_\_\_\_

\_\_\_\_\_

Did you take or keep any confidential company documents or any company property from the job in question? \_\_\_\_\_ (yes or no) If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your main complaint or your need for legal services. \_\_\_\_\_

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What do you wish to accomplish through an attorney? \_\_\_\_\_

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Are you currently represented by an attorney? \_\_\_\_\_

If yes, please state the attorney's name and address.

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Does the employer have a mandatory arbitration policy? If so, attach a copy. \_\_\_\_\_

Date of EEOC or Texas Commission on Human Rights charge (if any) \_\_\_\_\_

Please attach a copy of the charge and any statements or affidavits you submitted to the agency.

Date of determination letter from EEOC or TCHR (if any) \_\_\_\_\_

Please attach a copy of the determination letter.

Are you aware of any kind of deadline with respect to your need for legal advice or representation?  
\_\_\_\_\_ (yes or no)

If so, please explain briefly and state the deadline. \_\_\_\_\_

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**Important: Our provision and review of this questionnaire does not constitute the provision of legal advice or any agreement to represent you. No attorney-client relationship will be formed unless and until both you and Tanner and Associates, P.C. sign a written Legal Services Agreement which sets forth the terms and conditions of this firm's representation. This questionnaire will be destroyed if we do not represent you.**

Signature \_\_\_\_\_

Date\_\_\_\_\_

*[FOR INTERNAL USE ONLY]*
