

## CLIENT QUESTIONNAIRE

Please answer each question to the best of your capabilities. Do not worry if you cannot answer each question completely, but answer each as best as you can. By doing such, it will greatly assist Alysa Freeman, P.C., as the firm evaluates whether it can assist you in this matter. Once completed, please fax this questionnaire to Alysa Freeman, P.C. at fax number (770) 458-5456, scan and email it to her, or bring it with you to your initial consultation. Thank you.

\*\*Please be advised that until you enter into a formal written fee agreement with this law firm, that no attorney-client relationship exists. At this time, Alysa Freeman, P.C., has made no investigation into the merits of your claim, and therefore expresses no opinion as to whether the firm will be able to assist you. Furthermore, please be advised that under Georgia and/or federal law that one or more deadlines or statutes of limitations may apply to your particular matter. It is your responsibility to meet any and all pending deadlines unless and until you formally hire an attorney to represent you. If you have any pending deadlines and they expires before you act, you may lose valuable rights.

### **BACKGROUND**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### **CURRENT OR MOST RECENT EMPLOYMENT**

Please provide the following information in full detail regarding your current or most recent employment.

Company \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Approximately how many employees are: At your location? \_\_\_\_\_ Company wide? \_\_\_\_\_

Your job title \_\_\_\_\_ Your rate of pay \_\_\_\_\_

Your duties and responsibilities:

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

Who is your immediate supervisor?

Full Name \_\_\_\_\_



Approximate age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is this employee still working for the company? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

What information/knowledge does this person have that could be helpful to your case?

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Will this person willingly provide information regarding your claims? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_

**Witness No. 2:** Name \_\_\_\_\_ Job Title \_\_\_\_\_

Approximate age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is this employee still working for the company? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

What information/knowledge does this person have that could be helpful to your case?

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Will this person willingly provide information regarding your claims? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_

**Witness No. 3:** Name \_\_\_\_\_ Job Title \_\_\_\_\_

Approximate age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is this employee still working for the company? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

What information/knowledge does this person have that could be helpful to your case?

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Will this person willingly provide information regarding your claims? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_

**Witness No. 4:** Name \_\_\_\_\_ Job Title \_\_\_\_\_

Approximate age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is this employee still working for the company? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

What information/knowledge does this person have that could be helpful to your case?

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Will this person willingly provide information regarding your claims? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_

**Witness No. 5:** Name \_\_\_\_\_ Job Title \_\_\_\_\_

Approximate age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is this employee still working for the company? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

What information/knowledge does this person have that could be helpful to your case?



Describe, in as much detail as possible, **exactly what you told each person** to whom you complained:

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Describe, in as much detail as possible, exactly how the company responded to your complaint(s):

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**EMPLOYEE REVIEWS**

How often are/were employee reviews conducted at your current or most recent job? (i.e. quarterly, biannually, annually, never, etc.) \_\_\_\_\_

When was your last review given? \_\_\_\_\_

What were results of your last employee review? \_\_\_\_\_

What were the results of your previous reviews? \_\_\_\_\_

Were your raises contingent upon your reviews? \_\_\_\_\_

When was the last time you received a raise or a bonus? \_\_\_\_\_

Have you ever been written-up or disciplined in any way for dishonesty, insubordination, or any other type of misconduct at your last job or at any job you have held? If so, please describe in detail, and attach additional sheets as necessary.

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**BANKRUPTCY**

Have you ever filed bankruptcy? \_\_\_\_\_

If you have filed Bankruptcy, please give the date(s) of the filing(s). \_\_\_\_\_

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Are you currently in Bankruptcy? \_\_\_\_\_. If the answer is yes, please provide the name

and contact information of your bankruptcy attorney: \_\_\_\_\_

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**ARRESTS AND CONVICTIONS**

If you have **ever** been arrested **or** convicted of a criminal offense, please provide a complete description of the incident, including date of incident, location, court where proceedings were conducted, how you pled to the charge, and the disposition of the charges (convicted, paid a fine, served prison time, etc.) Attach additional sheets as necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER LAWSUITS**

If you have **ever** been a party to a lawsuit or other legal action (including bankruptcies, divorces, collection actions, landlord/tenant matters, personal injury claims and magistrate or small claims court), please provide the following information:

**Date of Lawsuit #1:** \_\_\_\_\_ **Nature of the lawsuit, parties and claims made:** \_\_\_\_\_

\_\_\_\_\_

Name, address and telephone number of your attorney: \_\_\_\_\_

\_\_\_\_\_

**Date of Lawsuit #2:** \_\_\_\_\_ **Nature of the lawsuit, parties and claims made:** \_\_\_\_\_

\_\_\_\_\_

Name, address and telephone number of your attorney: \_\_\_\_\_

\_\_\_\_\_

**Please attach additional sheets if there are other lawsuits.**

**OTHER COMPLAINTS OF DISCRIMINATION, HARASSMENT AND/OR RETALIATION**

Have you ever made a claim of discrimination, harassment and/or retaliation against any person or company (whether or not an employer)? If so, describe, in as much detail as possible, the circumstances surrounding the claim(s) and the status and outcome of the same:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lastly, please provide Alys Freeman, P.C. with any supporting documentation regarding your potential claim(s). Such documentation includes, but is not limited to, written complaints, investigation reports, e-mails, memos, letters, calendars, diaries, company and employee manuals/handbooks/policies, separation notices, termination letters, suspension letters, a detailed time line of events, employee reviews, your personnel file, documents provided to the Department of Labor, documents provide to the EEOC (Equal Employment Opportunity Commission), your resume, job descriptions for your job and any job for which you applied. Thank you.