

NOLAND LAW FIRM, LLC

Confidential Employment Discrimination Questionnaire

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Noland Law Firm, LLC
-2010-

INSTRUCTIONS

Please answer the following questions as fully and accurately as possible. A full and complete disclosure is critical. The following information will be needed in order to properly advise you and handle your case. Please print and fill out every applicable question. **If a question is not applicable, please write N/A in the space. Do not leave blanks.** This information will help us help you. This information will be kept confidential.

If you need more space, please attach additional sheets and clearly indicate which question you are answering. If you are not certain about an answer, please indicate you are not certain or that you don't know. If any question is not applicable, write "N/A" in the blank. You may wish to make a copy of this questionnaire to retain for your own records.

Any of the information provided to us by you in this questionnaire will be held in the strictest confidence by the Noland Law Firm, LLC.

Please do not attach original documents – attach only copies.

Name: _____
Date: _____
Attorney: _____

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1. Personal Information – Client:

Your full name:

(Last) (First) (Middle) (Maiden)

Marital Status: (M) (S) (D) _____

Prior Marriages: _____

Have you ever been known by any other names? If so, what names?

Present address:

(Street or apartment number)

(City) (County) (State) (Zip Code)

How long have you lived at present address? _____

Mailing address, if different from above, for mail during pendency of case where spouse will not have access:

(Street) (City) (State) (Zip Code)

(Social Security No.) (Date of Birth) (Age) (Place of Birth)

Client's Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

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Highest grade you completed in school:

(High School)

(College)

(Degree)

Who referred you to this law firm? _____

Name, address, phone number and relationship of person knowing your whereabouts at all times:

2. Client's Current Employment Information:

Are you presently employed? _____ Yes _____ No

Name, full address, and telephone number of employer:

How long have you been so employed? _____

What is your job title? _____

If you are **not** presently employed, when and where were you last employed?

When: _____

Job Title: _____

Why was employment terminated? _____

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3. Personal Information – Spouse:

Name of spouse:

(Last) (First) (Middle) (Maiden)

Marital Status: (M) (S) (D) _____

Prior Marriages: _____

Has Spouse ever been known by any other names? If so, what names?

Spouse's address:

(Street or apartment number)

(City) (County) (State) (Zip Code)

How long has spouse lived at present address? _____

Mailing address, if different from above, for mail during pendency of case where spouse will not have access:

(Street) (City) (State) (Zip Code)

(Social Security No.) (Date of Birth) (Age) (Place of Birth)

Spouse's Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

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Highest grade Spouse completed in school:

(High School)

(College)

(Degree)

4. Spouse's Employment Information:

Is your spouse employed? _____ Yes _____ No

Name, full address, and telephone number of employer:

How long has spouse been so employed? _____

What is your spouse's job title? _____

If your spouse is **not** presently employed, when and where was your spouse last employed?

When: _____ Where: _____

Title: _____

Why was employment terminated? _____

5. Your Discrimination Claim:

Have you submitted a intake questionnaire or filed a complaint of discrimination in any city, state or federal agency? Yes () No ()

If yes, please state the date you filed the complaint and where you filed it:

Please attach a copy of your complaint to this questionnaire.

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Have you received any letters, phone calls or other correspondence from any city, state or federal agency concerning your discrimination complaint? If yes, please describe including the dates of any communication:

Please attach a copy of any letters or correspondence to this questionnaire.

6. Right to Sue Letter:

Have you received a Right to Sue Letter? Yes () No () If yes, please state the date you received the Right to Sue Letter: _____

Please attach a copy of your Right to Sue Letter to this questionnaire.

7. The Employer:

Name, full address, and telephone number of employer that is the subject of your discrimination complaint:

Where you a member of any labor union at this job? _____

If yes, please specify: _____

Are you still working for this employer? _____

Start date? _____ End date? _____

What was your job title? _____

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How long did you hold this position? _____

Previous positions with this employer and dates you held these positions?

What was your wage or salary; include information about any benefits you received?

In your own words, why did your employer discriminate against you?

What were the reasons given by your employer for your termination?

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12. Witnesses - Who knows any facts about the discrimination? (This could be a friend, a spouse, or co-worker.)

Witness Name: _____

Address: _____

Witness Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

What this person knows: _____

Witness Name: _____

Address: _____

Witness Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

What this person knows: _____

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13. More Information About You:

Have you ever been involved in a lawsuit before? Yes _____ No _____

If yes, give details:

Have you ever been convicted or pleaded guilty to a crime? Yes _____ No _____

If yes, give details:

Have you consulted with any other attorney about this matter? Yes _____ No _____

If yes, what are that attorney's name, address, and phone numbers?

Do you have any agreement of any kind with that attorney? Yes _____ No _____

If yes, give details:

Is there anything else about your discrimination claim that you have not already described?

End of questionnaire

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