

LAW OFFICES OF

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Dear Potential Client:

As you have probably heard, Texas is an employment at will state, so the deck is stacked against the employee in many cases. We dedicate our practice to trying to help employees, and we appreciate you considering us for your employment case.

Enclosed is a questionnaire that will assist us in evaluating if we can be of assistance to you. Please complete the questionnaire, sign it and return it as soon as possible. Depending on the complexity of the case, we may have an answer for you in a few days or it may take up to two weeks. Please be sure and provide as much detail as you can remember when you are completing the attached questionnaire.

If you prefer to complete the questionnaire with the assistance of a staff member, there is a charge of **\$150** for that service, so we encourage you to take advantage of this free evaluation process by answering all questions, giving details and attaching **COPIES** of all supporting documents. **NO DOCUMENTS WILL BE RETURNED SO DO NOT SEND ORIGINALS!**

We look forward to receiving your questionnaire back as soon as possible.

Very Truly Yours,

Joan M. Durkin

Joan Durkin
Senior Counsel

Enclosure

PROSPECTIVE CLIENT INFORMATION QUESTIONNAIRE

Referred By: _____

EMPLOYEE:

Name: _____

Address: _____

City: _____ State: _____

County: _____ Zip: _____

SSN: _____

Driver's License No. & State: _____

Phone: _____

Alt. Phone: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

City: _____ State: _____

County: _____ Zip: _____

Phone: _____

CURRENT EMPLOYER:

Name: _____

Address: _____

City: _____ State: _____

County: _____ Zip: _____

Total No. of Employees: _____

Phone: _____

Supervisor: _____

Personnel Director: _____

Job Title: _____

PREVIOUS EMPLOYER(S) IF EMPLOYED LESS THAN 5 YEARS WITH CURRENT EMPLOYER (USE BACK IF NECESSARY):

Name: _____

Position: _____

Dates of Employment: _____

Reason for Leaving: _____

EMPLOYEE'S WITNESS INFORMATION:

Do you have any witnesses with first-hand knowledge of the action taken by your employer? If so, please complete the following information for each witness. (Attach additional sheets if necessary.)

Witness Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Specify the information the witness can provide: _____

Witness Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Specify the information the witness can provide: _____

DISCRIMINATION/HARASSMENT ISSUE:

Date of Discrimination/Harassment: _____ Date Hired: _____

Date of Termination: _____ Last Position Held: _____

Position Applied For: _____ Date Applied: _____

Who was hired instead: (Example: White Male): _____

Type of Discrimination (check all that apply): Race: _____ National Origin: _____

Gender: _____ Religion: _____ Age: _____ Disability: _____ Retaliation: _____

Name and Position of Person Harassing you: _____

Does this person have hire/fire authority? _____

To whom, if anyone, did you report the discrimination/harassment? _____

Date of Report: _____ What, if anything was done? _____

What did you ask be done? _____

Did the discrimination/harassment stop? _____

EMPLOYER'S CONDUCT:

Check the appropriate type of personnel action taken against you by your employer. (Check all that apply.)

- | | | |
|------------------|------------------------------|-------------------------------|
| _____ Assignment | _____ Intimidation | _____ Failure to Reinstate |
| _____ Benefits | _____ Involuntary Retirement | _____ Denial of Severance Pay |
| _____ Demotion | _____ Job Classification | _____ Sexual Harassment |
| _____ Discharge | _____ Layoff | _____ Suspension |
| _____ Discipline | _____ Maternity Leave Denial | _____ Change of Terms & Cond. |
| _____ Exclusion | _____ Other _____ | _____ Training |
| _____ Harassment | _____ Failure to Promote | _____ Unfavorable Reference |
| _____ Hiring | _____ Failure to Recall | _____ Wages |

Explain the action taken against you by your employer. (include full names and position titles.)

Explain the reasons given to you for the employer's actions.

Explain the reason why you feel that your employer's actions are discriminatory/harassing?

PRIOR HISTORY:

Have you ever accused a supervisor of discrimination, wrongful termination or harassment at any other company? _____ If yes, please explain: _____

Have you ever been involved in a lawsuit? _____ If yes, please explain. _____

Have you ever been arrested? _____ If yes, please explain. _____

ACTION ON THIS COMPLAINT:

Have you consulted an attorney concerning your current complaint? If so, please provide the name and address. _____

Please indicate if you have previously filed this same complaint or other complaints with the agencies listed below. (check all that apply.)

_____ Texas Commission on Human Rights (TCOHR)

_____ Equal Employment Opportunity Commission (EEOC)

_____ National Labor Relations Board (NLRB)

_____ Office of Federal Contract Compliance Program (OFCCP)

_____ Other Agency (Give Name) _____

If so, identify date of filing: _____

Charge Number: _____

Right to Sue Letter Issued? _____ If so, date of Issue: _____

Indicate how the complaint was resolved: _____

DOCUMENTATION:

Please include a **COPY** of any documents you have that you believe may be helpful to us in evaluating your case. Some examples include:

Employee Handbook

FMLA Request Form

Termination Notice

EEOC Charge

Right to Sue Letter

Medical Records

Police Reports

Discipline Write-ups or Notices

OVERTIME DISPUTE:

Do you have a written job description? _____ If so please attach.
Please describe the duties you actually perform. _____

What is your job title? _____

How many employees do you supervise? _____

Do you have authority to assign work/hire/fire? _____

What were your stated hours? _____

What were you actual hours? _____

What records do you have of the hours actually worked? _____

What records do you have of the hours actually paid? _____

Are there any other employees with this employer who have experienced the same problem? ____

If so how many? _____

Were you docked pay for missing partial days off? _____

How long did you work the hours/duties in question without getting paid overtime? _____

Have you ever discussed this with your employer? _____ If so, please provide details of that conversation.

UNEMPLOYMENT DISPUTE:

Dates of employment? _____

Reason for leaving last job? _____

Reason unemployment denied or payback demanded (attach letter from Texas Workforce Commission). _____

Did you notify Texas Workforce Commission of your intent to appeal (attach a copy)? _____

Why do you think the Texas Workforce Commission decision is wrong? _____

If you are totally disabled, please attach a copy of the most recent medical narrative that explains why you can't work and give a detailed description of which of your job duties you can not perform. _____

FAMILY MEDICAL LEAVE ACT DISPUTE/ISSUE:

Have you taken any day off for illness, injury, or family matter in the 12 months prior to this incident? If so, please give details. _____

If no, have you worked at least 1250 hours in the 12 months before this incident? _____

How many employees does this employer have? _____

Were you able to return to work full duty at or before the end of 12 weeks off? _____

IF so please attach a doctor's "release" showing same.

Please carefully read the following and sign and date where indicated. Note, the Questionnaire **MUST** be signed before any action can be taken in this matter.

"I understand that I am submitting this information for review and evaluation as a possible employment law case. I represent, under penalty of perjury, that the information contained herein is true and correct. I authorize J.M. Durkin & Associates, P.C. to evaluate my case for a period of up to 14 days from the date they receive my questionnaire, and if they agree to accept my case on a 1/3 contingent basis (pre-suit) in that time, I will retain their services. I will take no other action, or speak to any other lawyer about my case until J.M. Durkin & Associates, P.C. has had 14 days to review my questionnaire."

SIGNATURE: _____ DATE: _____