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Marie A. Mattox
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203 North Gadsden Street
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Dear Potential Client:

Attached is our Intake Form. We ask that you complete this form to the best of your ability and be as honest and thorough as possible. This information is confidential and is protected under attorney/client privilege. Upon completion of this form, return it to us at your earliest convenience. **We ask that you DO NOT fax this intake form to us.**

This information will allow us an opportunity to evaluate and make a decision regarding your claim. Please make sure you give us a current/accurate phone number and complete address so that we may contact you upon completing our review of your claim. If you are attaching any additional supporting documents to support your claim, **please attach only copies and keep the originals for yourself.**

You can email your intake to Frontdesk@mattoxlaw.com . Please note any urgencies on the first page and allow us to contact you at our earliest opportunity to be scheduled for a free consultation.

YOU MUST ATTACH A W-2 OR PAY STUB FROM YOUR EMPLOYER OF INTEREST TO THIS INTAKE FORM.

Sincerely,

Marie A. Mattox, P.A.

Marie A. Mattox, P.A.
Attorneys at Law

Marie A. Mattox
Jim Garrity
Elena Komsky
Adam Ellis
Jay W. Pearlman
Katherine Viker
Erika E. Goodman
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Julie Meadows-Keefe

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CLIENT INTAKE FORM
EMPLOYMENT-RELATED
ATTORNEY/CLIENT PRIVILEGED DOCUMENT/WORK PRODUCT

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE. Be as detailed as possible. The following questions will help us to understand your claim and any potential problems that may arise regarding that claim. Some of these questions are very personal in nature; however, we ask that you answer as truthfully and completely as possible. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Date MM/DD/YYYY

BASIC INFORMATION			
<i>YOU</i>			
Name _____			
Race _____	Date of Birth	<u>MM/DD/YYYY</u>	
National Origin _____	Social Security No.	___ - ___ - ____	
Driver's License No. _____	State	_____	
<i>CONTACT INFORMATION</i>			
Address _____	Phone	HOME	(___) - ___ - ____
_____		CELL	(___) - ___ - ____
_____, ____		WORK	(___) - ___ - ____

Email Address _____			

<i>SPOUSE/SIGNIFICANT OTHER</i>		<i>REFERRAL</i>	
Name _____		Who referred you to our office? _____	
Phone HOME (___) - ___ - _____			Marie Mattox
CELL (___) - ___ - _____		Jim Garrity	Katherine Viker
		Adam Ellis	Elena Komsky
WORK (___) - ___ - _____		Erika Goodman	William Walker
		Thomas Dickins	
MARRIAGES/DIVORCES			
Date/Place of Marriage	Spouse's Name	How Marriage Terminated	Date/Place of Termination
BASIC INFORMATION (continued)			
CHILDREN			
Name	Current Age	Residing With	Name of Other Parent
EDUCATIONAL HISTORY			
Date (From/To)	School	City/State	Degree Obtained
EMPLOYMENT HISTORY (Current/Most Recent Employer First)			
Business Name _____	Employed FROM _____ TO _____		
Address _____ _____ , _____	Reason for Leaving (Be Specific) _____ _____ _____		
Business Name _____	Employed FROM _____ TO _____		
Address _____ _____ , _____	Reason for Leaving (Be Specific) _____ _____ _____		

Business Name _____	Employed FROM _____ TO _____
Address _____ _____ _____, _____	Reason for Leaving (Be Specific) _____ _____ _____

Business Name _____	Employed FROM _____ TO _____
Address _____ _____ _____, _____	Reason for Leaving (Be Specific) _____ _____ _____

INFORMATION REGARDING YOUR CLAIM	
This is the individual or business that you believe discriminated against you or treated you wrongly.	
<i>WHO</i>	
Business Name or Individual _____	
<u>ATTACH A COPY OF YOUR W2 AND OR PAY STUB FOR EMPLOYER VERIFICATION</u>	
Address _____ _____	Phone (____) - ____ - ____ Your Position _____
_____, _____	Your Direct Supervisor _____
County _____	No. of Employees _____
Type of Discrimination <input type="checkbox"/> Race/Ethnic Origin <input type="checkbox"/> National <input type="checkbox"/> Age <input type="checkbox"/> Sex (Gender)	Origin
(CHECK ALL YOU THINK APPLY) <input type="checkbox"/> Disability/Handicap <input type="checkbox"/> Marital Status <input type="checkbox"/> Religion <input type="checkbox"/> Retaliation	
Date of Last Act of Discrimination/Retaliation <u>MM</u> / <u>DD</u> / <u>YYYY</u>	

List all person(s) that you believe discriminated against you or treated you wrongly.		
<u>NAME</u>	<u>RACE</u>	<u>JOB TITLE</u>

<i>WHEN & WHY</i>	
Date of Hire _____ <u>MM</u> / <u>DD</u> / <u>YYYY</u>	Name of person who hired you _____
Date of Termination (if Applicable) _____ <u>MM</u> / <u>DD</u> / <u>YYYY</u>	Name of person who terminated you _____

Did/does this employer evaluate your job performance in writing? If so, what rating(s) did you receive?
Have you ever received any awards or other special recognition from this employer? If so, describe the award or recognition and state the date on which you received it.
If you are no longer with this employer, did you resign or were you fired?
If you were fired, state the reason given by your employer. If you resigned, state the reason you gave to your employer.

IF YOU GAVE OR WERE GIVEN A TERMINATION OR RESIGNATION LETTER, ATTACH A COPY.

DESCRIPTION OF INCIDENT
In the space provided below, please describe in your own words (and in detail) the events that have led you to believe that you were discriminated against or treated wrongfully by this employer/individual.

DESCRIPTION OF INCIDENT (continued)
In the space provided below, please describe in your own words (and in detail) the events that have led you to believe that you were discriminated against or treated wrongfully by this employer/individual.

FOLLOW-UP QUESTIONS

In your own opinion, **WHY** were you treated differently? Include names of people treated better than you. Include names of people treated better than you. Include co-workers who were treated more favorably and how they were treated better.

NAME GENDER JOB TITLE RACE AGE HOW

If you have been terminated, who is now doing your job duties or who replaced you?

Were you reprimanded (verbal, written, suspension, demotion, etc.) by this employer? If so, describe each incident of reprimand, including the date on which it occurred.

Was/is your job performance or behavior criticized by this employer or any of your supervisors or coworkers? If so, describe each criticism in detail.
Do you know if other employees who have committed or been accused of the same behavior as you who were treated differently by your employer (i.e. not reprimanded like you were)? If so, give complete details regarding each employee including name, date, and what the employee did.
FOLLOW-UP QUESTIONS - EMPLOYMENT-RELATED ONLY (continued)
Did you complete a job application and/or résumé for this employer? If so, was ALL information in that application or résumé truthful? If not, provide details or any other information that was inaccurate, incomplete, or untrue.
Have you ever been reprimanded by any OTHER employer? If so, state the employer, date of reprimand, what you were reprimanded for, and any punishment you received.
Have you ever been fired from any job, other than as described above? If so, provide complete details including the employer's name, the date you were fired, and why you were fired.

<p>What damages do you believe you have suffered as a result of what this employer did to you? Please be specific regarding wages you feel you have lost, money you have spent, mental or emotional injuries you believe you have received.</p>
<p>If you no longer work with this employer, and if you included lost wages as part of your answer above, list all money you have made from any source since leaving this employer.</p>

OTHER GENERAL INFORMATION				
<p>Answer the following questions to the best of your ability. If your answer to ANY of these questions is YES please explain on the following page.</p>				
		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;"><u>YES</u></th> <th style="text-align: center; padding: 2px;"><u>NO</u></th> </tr> </table>	<u>YES</u>	<u>NO</u>
<u>YES</u>	<u>NO</u>			
1.	Have you previously hired or consulted with a lawyer concerning this problem?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
2.	Have you previously claimed that any person, business, or employer has discriminated against you?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
3.	Have you participated in grievance proceedings?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
4.	Have you ever filed internally with the EEO for this employer?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
5.	Have you ever filed a formal or informal claim of discrimination with regard to <i>THIS</i> employer with the FCHR or EEOC? If so, attach a copy of all documents filed or received from FCHR and EEOC.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
6.	Have you ever filed a formal or informal claim of discrimination with regard to <i>ANY</i> other employer with the FCHR or EEOC?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
7.	Have you ever filed a formal or informal claim of discrimination with any other administrative agency or any court?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			
8.	Have you otherwise sued anyone or been sued by anyone (except divorces)?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> <td style="text-align: center; width: 50%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			

9.	Have you ever been diagnosed with a mental illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been hospitalized or confined for mental illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been adjudicated incompetent?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you suffer from serious physical illness or disability?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are you currently taking any prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you previously (during the period of your claim) taken prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you regularly use drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever been treated for drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever been rendered totally or partially disabled?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever applied for disability compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever applied for or received unemployment compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you ever applied for or received workers' compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>

OTHER GENERAL INFORMATION (continued)

Answer the following questions to the best of your ability.
If your answer to ANY of these questions is YES please explain on the following page.

		<u>YES</u>	<u>NO</u>
22.	Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Are you receiving disability, social security, AFDC (food stamps or "welfare checks" or other social assistance?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Do you or did you have retirement benefits associated with your current or former job?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have you ever served in the military?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Have you ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Do you have any plan or intention to file bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
28.	To your knowledge, have you received any bad or negative employment references from the employer that you believe discriminated against you?	<input type="checkbox"/>	<input type="checkbox"/>
29.	Have you ever filed a complaint or grievance with regard to any lawyer who provided legal services to you?	<input type="checkbox"/>	<input type="checkbox"/>
30.	Have you ever hired a lawyer to represent you and terminated the lawyer's services before representation was complete?	<input type="checkbox"/>	<input type="checkbox"/>

31.	During the period in which you claim you were discriminated against, were there any other stressful events in your life, such as births, deaths, divorces, marriages, significant problems with your children or family, criminal acts against you, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Have you received treatment by any medical or mental health professional as a result of the discrimination about which you are complaining?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Have you received treatment by any mental health professional concerning any matter other than the discrimination about which you are complaining?	<input type="checkbox"/>	<input type="checkbox"/>
34.	Have you given any verbal, written, or recorded statements to any person regarding your discrimination/retaliation claim?	<input type="checkbox"/>	<input type="checkbox"/>
35.	Have you ever been accused by any employer of dishonesty, such as theft or lying?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Have any of our lawyers at this firm represented you or anyone related to you?	<input type="checkbox"/>	<input type="checkbox"/>

WITNESS LIST
USE THIS SPACE to describe all persons that you believe have knowledge regarding your claim of discrimination. Include people you think will support you and people you think are against you.
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Name _____ Race _____ Position/Relationship _____ Address _____ _____ _____ , _____ What does this witness know?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Employment Status</td> <td style="width: 35%;">Employed</td> <td style="width: 35%;">Not Employed</td> </tr> <tr> <td>Witness Type</td> <td>Friendly</td> <td>Hostile</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Neutral</td> </tr> <tr> <td>Phone</td> <td>HOME (___) - ___ - ___</td> <td></td> </tr> <tr> <td></td> <td>CELL (___) - ___ - ___</td> <td></td> </tr> <tr> <td></td> <td>WORK (___) - ___ - ___</td> <td></td> </tr> </table>	Employment Status	Employed	Not Employed	Witness Type	Friendly	Hostile		Neutral		Phone	HOME (___) - ___ - ___			CELL (___) - ___ - ___			WORK (___) - ___ - ___	
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SUPPORTING OR RELEVANT DOCUMENTS	
USE THIS SPACE to list all documents (papers) that you think support your claim, are relevant to your claim, or would assist us in evaluating or proving your claim. With regard to each document, please state who has possession of it.	
Document	Who has it?

SIGNATURE

DATE

Thank you for the opportunity to review your claim.

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