

P E D E R S E N  
L A W & D I S P U T E R E S O L U T I O N  
C O R P O R A T I O N  
A p r o f e s s i o n a l l a w c o r p o r a t i o n

*Business Litigation – Insurance Coverage and Bad Faith – Wrongful Termination – General Counsel Services*

**CLIENT INTAKE APPLICATION  
EMPLOYMENT**

Please take the time to completely fill out all of the information requested on this application. The firm will use this information to assess the intake of your case, to make contact with you regarding your legal matters, and if your matter is accepted by the firm, to complete discovery responses and prepare the matter for trial.

All information provided to us on this application is a confidential attorney-client communication. We do not share this information with any other person or entity unless required by legal process to do so.

**NAME:** \_\_\_\_\_

**HOME ADDRESS:**

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

Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WORK ADDRESS:**

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

Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ALTERNATIVE CONTACT PERSON:**

Occasionally, a client's phone number is changed, or the client moves and forgets to inform this office of the change. It is imperative that we be able to make contact with a client very quickly. Therefore it is important that you provide us with the name and contact information of someone close to you that you know will have the ability to contact you in short order.

Name: \_\_\_\_\_

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

Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**REFERRING ATTORNEY:**

It is important that we know who you have worked with prior to coming to our firm and who referred you to our firm. This allows us to make contact with that attorney to gather more information on the legal status of prior claims and communications with the potential defendant, and to thank them for the referral to our firm.

**Referring attorney name:** \_\_\_\_\_

**PRIOR LEGAL ACTIONS:**

It is important to our investigation to know if you have been involved as a party in any prior legal actions. Please provide the name of each action, how you were involved, the year each action was filed, and the outcome. If you need to use a separate piece of paper to fully answer this question, please do so. Do not forget criminal, bankruptcy, divorce, workers compensation or small claims proceedings: \_\_\_\_\_

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

**FAMILY INFORMATION:**

Basic information like this is important to understand how the bad conduct by the defendant would affect you and/or your family, and therefore becomes important in determining the value of any emotional distress claims you may have.

Birthdate: \_\_\_\_\_

Married? YES  NO  If yes, name of spouse: \_\_\_\_\_

Single? YES  NO  Divorced? YES  NO

Widowed? YES  NO  If yes, how long? \_\_\_\_\_

Children? YES  NO  If yes, ages: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Your employment history is a critical component to any case involving a claim against an employer. It is very important that you do not leave anything off of this list. If we take your case, we will use your response here to provide sworn responses to discovery by the defendant, and any omissions might severely damage or destroy your case. **Please use a separate piece of paper to thoroughly complete this section.**

Do your best to answer these questions. If you cannot remember the exact answer, give your best estimate. If you don't know the entire answer, give as much as you can. For instance, if you don't know the address, at least give the street name. If you don't remember that, at least the city.

Please understand that if you commence litigation against your employer, that employer can subpoena records from your former employers to get the following information, so it is really important to tell us now what we might run into later.

For each job you have ever held, please provide the following information:

1. The name of the employer
2. The address of the employer
3. The approximate dates you worked for that employer (month/year)
4. Your job title(s)/position(s) and how long you held each, if more than one, and your basic job duties for the position(s) held.
5. Any discipline you received at that job (i.e., poor employee reviews, verbal warnings, written warnings, suspensions, termination, etc.)
6. Any awards, commendations, positive employee reviews you received.
7. The reason for leaving that employment.

**WORKERS COMPENSATION ISSUES:**

Many cases are referred to us from workers compensation attorneys who recognize serious employer misconduct in failing to reasonably accommodate a disabled employee or otherwise engaging in forms of disability discrimination. If you are one of those employees, it is important for us to know about the nature of your occupational injury and the status of the workers compensation claim you made. Please ignore this section if it does not apply to you.

Did you commence a workers compensation action? YES  NO

Please describe the nature of your injury when it occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your present condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the status of your workers compensation action \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POTENTIAL DEFENDANT(S):**

It is very important that we identify early all of the persons and companies that might be responsible for breach of certain responsibilities toward you. Please be sure to think through these questions carefully.

Name and address of employer who you believe has acted improperly toward you:

\_\_\_\_\_

Total number of employees (best estimate): \_\_\_\_\_

Full name and title of any individual supervisor(s) employed by your employer who you believe has/have acted improperly toward you:

\_\_\_\_\_

Full name and title of any other employee(s) employed by your employer who you believe has/have acted improperly toward you:

\_\_\_\_\_

**NATURE OF PRESENT DISPUTE:**

Please indicate the general nature of the reason why you are seeking our advice and counsel. Please check all boxes that you think are applicable:

- Discrimination based on:
  - Disability or perceived disability (including pregnancy)
  - Race  Gender  Other reason: \_\_\_\_\_

- Harassment based on:
  - Disability or perceived disability (including pregnancy)
  - Race  Gender, including sexual harassment
  - Other reason: \_\_\_\_\_

- Retaliation for:
  - Making, or stating an intent to make, a workers compensation claim
  - Reporting, or stating an intent to report, discrimination or harassment toward you in the workplace
  - Reporting, or stating an intent to report, or refusing to engage in, an unlawful practice by the employer
  - Standing up for the lawful rights of other employees in the workplace
  - Other (explain): \_\_\_\_\_

- Wrongful Termination (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you believe you have been wrongfully terminated, what is the reason you were given for your termination? \_\_\_\_\_

If you believe you have been wrongfully terminated, what do you believe to be the real reason you were terminated and what evidence do you have of that real reason?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF PRESENT DISPUTE:**

On separate paper, as best you can, please describe the problem that you are presently experiencing. It is usually best to do this in a chronological order, meaning, from the earliest event to the latest. Please be as specific as possible, and include all relevant dates and events.

If there are important documents that will help us understand the situation, please refer to them and include a copy of them with this application. PLEASE DO NOT SEND US ORIGINAL DOCUMENTS AT THIS TIME.

This is perhaps the most important part of this application. It is important that you provide as much information as possible. What you provide on this application will strongly affect our decision to take your case, so please be thorough.

**Note: an application that is not accompanied by a detailed description of the dispute will be rejected without further consideration.**

**DAMAGES ANALYSIS:**

An important part of any case is the amount of damages that might be awarded by a jury should we prevail at trial. If there are no damages, a clear case of liability still means little to no award in your favor. Therefore, we need to be able to see how you have been injured, financially and emotionally, as a result of the defendant(s)' conduct to assess whether we prudently should invest hundreds of hours of attorney time and thousands of dollars in advanced costs.

Last worked hourly rate or monthly salary: \_\_\_\_\_

If paid by the hour, average hours worked: \_\_\_\_\_

Annual income you earned ...last year: \_\_\_\_\_ two years ago: \_\_\_\_\_ three years ago: \_\_\_\_\_

Still employed by same employer? YES  NO  If no, presently employed with any employer? YES  NO

If yes, employer name and present income: \_\_\_\_\_

If no, are you making efforts to find another job? YES  NO  If yes, please describe those efforts: \_\_\_\_\_

If no, why not? \_\_\_\_\_

How has the defendant(s)' conduct made you feel? \_\_\_\_\_

\_\_\_\_\_

Have you sought professional help to deal with employer-caused stress? YES  NO

If yes, please explain nature and duration of such help: \_\_\_\_\_

\_\_\_\_\_

Has the stress, anger, humiliation, or other emotional reactions to the employer conduct caused you to experience any physical problems? (i.e., migraine headaches, regular headaches, panic attacks, back pain, upset stomach, diarrhea, overeating, smoking or any other physical manifestations): \_\_\_\_\_

\_\_\_\_\_

Has the employer's conduct caused or aggravated physical problems? YES  NO

Explain: \_\_\_\_\_

\_\_\_\_\_

Other than lost wages, have you experienced any other financial losses as a result of the employer's conduct (i.e., lost benefits, forced sale of things to address financial distress, etc.)(explain): \_\_\_\_\_

\_\_\_\_\_

Has the employer's conduct caused damage to your credit as a result of the financial losses you have experienced? (explain): \_\_\_\_\_

\_\_\_\_\_

Have you experienced any other losses that have not already been discussed in this application? \_\_\_\_\_

\_\_\_\_\_

**ADMINISTRATIVE REMEDIES:**

If you belong to a union, have you sought the assistance of the union in resolving this present problem? YES  NO  Explain: \_\_\_\_\_

Have you filed a complaint with the Department of Fair Employment and Housing or the EEOC? YES  NO  If yes, please provide a copy of your complaint with your application.

Does your employment agreement or Employee Manual state that you are required to arbitrate claims against your employer? YES  NO  If yes, please provide a copy of that provision.

Have you signed any documents upon termination of your employment, like a severance agreement or other exit interview documentation? YES  NO  If yes, please provide a copy of that document.

**OTHER POSSIBLE CLAIMS:**

We often find that employers who have engaged in wrongful conduct in one respect also engage in other wrongful conduct. To be sure we are viewing the entire picture, please let us know if there are any of the following issues that might also apply to you.

Have you been paid overtime on all hours worked that are:

More than 8 hours in any one day? YES  NO

More than 40 hours in any one week? YES  NO

Have you been given a meal break every day? YES  NO

Have you been given breaks during the day? YES  NO

Has your employer required you or others to work under dangerous conditions? YES   
NO

Has your employer regularly bounced your paychecks? YES  NO

**OTHER INFORMATION YOU FEEL IS IMPORTANT:**

This has been a lengthy application. However, we may have missed asking you about something that you think is important. Please describe here anything else you feel may be important to our consideration of your case. Please use separate paper if necessary.

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**HELPFUL INFORMATION:**

How did you hear about our firm? Referred by attorney  Referred by someone other than an attorney  Web browsing  Other (explain): \_\_\_\_\_

\_\_\_\_\_

Why did you choose our firm?: \_\_\_\_\_

\_\_\_\_\_

What do you want to achieve in this matter?: \_\_\_\_\_

\_\_\_\_\_

**VERIFICATION OF APPLICATION:**

I understand that the answers I give in this application will be relied upon by the Pedersen Law & Dispute Resolution Corporation (“PLDRC”) to assess whether or not it will take my case on a contingency basis. I acknowledge that PLDRC is not my attorney unless and until an engagement letter is signed by both me and the firm. I hereby affirm under the penalty of perjury that the information provided in this application is true and correct.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Potential client