

EMPLOYMENT DISCRIMINATION QUESTIONNAIRE

PLEASE READ THESE INSTRUCTIONS CAREFULLY

You have been discriminated against. We believe that you should be reimbursed for any loss connected with the discrimination and you have therefore asked this law firm to represent your interests. In order that we may pursue your claim successfully, we must have your assistance in several areas.

Retain all correspondence, bills, reports, and records connected with this case. Keep a record of long distance calls, trips to the doctor, and time lost from work; you are entitled to recover these losses as well. Periodically forward your bills to us. If you need copies for other insurance, we will make them for you. Do not under any circumstances whatsoever discuss your case with anyone other than your spouse and legal counsel. Should inquiries be made, refer them immediately to your attorney. Again, do not discuss anything, no matter how innocent the inquiries may seem.

Do not sign or return any document or paper you may receive. Immediately forward all correspondence to your attorney for his review and he will determine the proper course of action or response if one is needed.

Should your insurance contain a medical pay provision, you are entitled to collect medical expenses from your insurance in addition to recovery from other sources. These funds can be made available immediately and can be of great help

during the period before settlement or trial. Your attorney will assist you at no charge. Simply bring your policy and accumulated medical bills and a demand will be made to your insurance company.

Be patient. It is most important that a determination be made concerning the permanency or long-term effects of the discrimination you have experienced. Time is on your side. Your attorney will use it to your advantage in securing the most favorable recovery.

The information in the questionnaire is for our use only. All answers that you give will be held strictly CONFIDENTIAL and will not be released to any unauthorized persons. If you wish, this information will be returned to you when your claim has been concluded.

Answer each question fully and accurately. Success in this case depends upon mutual confidence and complete cooperation between client and attorney.

It is imperative that your attorney learn as much about you, your history and activities, as the opposition can possibly know by the time your case goes to trial. You must assume that the opposition will, at that time, know as much about you as you know yourself.

One surprise produced by the opposition at the trial can ruin your case. That cannot happen if your attorney knows in advance every possible move that the opposition can make, and has an opportunity to prepare a defense.

We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing, or you do not think it is important. Even if you do not understand why a question has anything to do with your present case, put down the answer, and we will discuss its bearing on the case.

GENERAL INFORMATION

Your full name:

Date of birth:

Social Security Number:

Your spouse's name:

Date of birth:

Your present address:

Present address of spouse: (if same, so state)

Telephone numbers:

Your business:

Your residence:

Your spouse's business:

Your spouse's residence:

E-mail address:

Have either of you ever used, or been known by, any name other than the one shown above? If yes, list here each such name, and state when and where you used such other name.

List here all addresses at which you have resided during the past 5 years, and give the period of time at each residence (include dates).

Are you married at the present time?

Are you living together now?

Have you been divorced or legally separated at any time? If yes, from whom, when, and where?

Give the names, addresses, and birth dates of your children:

Have you ever had Military Service? If yes, when? (From date_____ to date _____)

Type of discharge?

Any service related injuries? If yes, give details.

Percentage of disability:

Present condition of service related injury / disability:

Do you receive payments for service connected injuries/ disabilities? If yes, give VA claim number.

YOUR EDUCATIONAL AND WORK BACKGROUND

Any loss of earnings and earning capacity is important, so please answer all questions fully. The amount of your recovery in this case will be affected by the quality of your answers.

EDUCATION:

What education have you had, including any special employment training?

AT THE TIME OF THE DISCRIMINATION: Where you employed? If so, who employed you?

Name:

Address:

Approximate number of employees in the state where the discrimination occurred:

Name of person in charge of issuing payroll:

Name of immediate supervisor:

Name of person(s) who discriminated against you, and their job titles:

What was your job title, or type of work you were doing?

What was your rate of pay?

How many hours per week were you working regularly immediately prior to the discrimination?

When were you first employed by this company?

What was your last day of work?

If you are no longer employed, how did the separation from employment occur? In other words, were you fired, laid off, terminated for cause, terminated without cause, a voluntarily quit, etc.

What was your work record? Anything negative in your personnel file?

PRESENT EMPLOYMENT: Are you still employed by the same company?

Name and address of present employer:

Date started:

Job title or type of work:

Rate of pay:

Number of hours per week:

Have you missed any time from work because of the discrimination you have experienced? If yes, list the inclusive dates you were unable to work:

If still off, has your doctor given any indication as to when you may return? If yes, when?

Any specified limitations on your work capacity?

Does your employer have a personnel manual, or set of written work rules regarding discipline, discrimination, & terms and conditions of employment? If so, can you provide Mr. Long a copy?

Are there any co-workers who can support your claim? If so, please provide name, address and telephone number, and a description of the testimony you expect each to provide.

BEFORE THIS DISCRIMINATION: Have you lost time from work due to an illness or injury? If yes, give details.

Was your time off properly accounted for by your employer?

Have you received any increases or decreases in your pay since the discrimination? If yes, explain:

If your claim involves hiring or promotion, was someone else hired or promoted in your place? If so, provide their name, date of appointment, and how their race, sex, etc. is different from yours (if it is).

Was there any change in your hours, working conditions, job duties or responsibilities after the discrimination?

What did you earn in the last full year before the discrimination?

Have you filed income tax returns in the last three years? If yes, where? Do you have copies of them?

Is your current pay any different than what you earned during the one year before your discrimination?

YOUR PREVIOUS EMPLOYMENT (last five years, list employer's name and address, dates employed, job title, and reason for leaving):

THE DISCRIMINATION

1. Date of discrimination (separate entry for each incident, please)

Time: a.m. / p.m.

City:

County:

Location of discrimination:

Brief description of discrimination: (include persons present and statements made)

2. Date of discrimination:

Time: a.m. / p.m.

City:

County:

Location of discrimination:

Brief description of discrimination: (include persons present and statements made)

3. Date of discrimination:

Time: a.m. / p.m.

City:

County:

Location of discrimination:

Brief description of discrimination: (include persons present and statements made)

DEFENDANT (person or entity that caused the discrimination):

Name: (is party an individual, partnership, or corporation?)

Address:

Defendant's attorney, if known:

WHAT WERE YOUR DAMAGES OTHER THAN MEDICAL: (embarrassment, humiliation, loss of earning ability, damage to reputation, etc.)

Regarding this discrimination, please answer the following:

Were notes taken at the scene of the discrimination or shortly after? If yes, who took them?

Whom were you questioned by?

Did you give or sign a statement? Who received it? When did they get it? Do you have a copy?

Have you been questioned by an adjuster or investigator? When? Where?

Name of person who questioned you:

Was anyone else present?

Did you sign papers? Were you given a copy?

Do you have any documents or other items that help prove the discrimination? What are they?

Provide us with a list of all the witnesses and their addresses, and names of any other people who may be of assistance in testifying about your case, your damages, or changes in your activities or job duties since the discrimination.

MEDICAL EXPENDITURES **CONNECTED WITH PRESENT DISCRIMINATION**

Were you seen by a psychologist, psychiatrist or any other kind of health care

professional regarding the emotional impact of the discrimination? (Give names and dates).

Total charges:

DOCTOR FEES - list all fees. Include name of Doctor/ Institution, address of Doctor/Institution, and the amount billed.

Total Doctor fees: \$

MEDICINES: list all prescription given and the total amount charged for them:

MEDICAL TRAVEL EXPENSES: List date, place, and mileage involved in traveling to/ from medical provider.

Total medical travel expense: \$

DISABILITY:

Length of time off from work:

Length of time partially disabled:

Length of time completely disabled:

State present mental and physical condition and any changes due to the discrimination, including anything you cannot do, or do with difficulty as compared to before the discrimination, and present complaints:

YOUR PHYSICAL HISTORY AND BACKGROUND

PHYSICAL EXAMINATIONS: List every such exam you have had during the last 5 years, for any purpose- for employment, promotion, insurance, selective service, armed forces, etc. Include the date, place, name of doctor, purpose and any significant result of said exams.

OTHER INJURIES: Failure to mention other discrimination and /or injuries can undermine your claim, no matter how minor they may seem. List here every such incident, whether it resulted in a claim for damages or not. Include the date, place, nature of discrimination, extent of damage, and extent of injury for each.

ILLNESSES OR DISEASE: No matter how trivial an illness, either before or since your discrimination, we must know about it. This is particularly true if there is any connection with your present physical complaints. The opposition will have available at trial (by medical and hospital records, veterans records, insurance records, etc.) A complete history of your past physical condition. List date, nature of illness, duration of symptoms, by whom you were treated, and where you were hospitalized, where applicable.

Have you ever had, or do you now have, trouble with your eyes? Ears? Nose? If yes, please explain:

Have you ever worn glasses? An artificial eye? Hearing aid? If yes, explain:

Have you ever worn a brace, back, or neck support? If yes, explain:

Have you ever worked with radioactive substances? If yes, explain:

Have you ever been denied health or life insurance because of your health? If yes, by which company, and why?

Have you any time had a disability?

Was your employer aware of your disability?

Did your employer fail to reasonably accommodate your disability in any way?

ALCOHOLISM AND VENEREAL DISEASE: If you have ever been treated for these afflictions, please be sure to discuss it with your attorney, confidentially, long before your case goes to trial.

CLAIMS AND LAWSUITS: We know that many cases have been damaged beyond repair by a history of other claims and lawsuits which the client's attorney did not know about. It is not the fact that one has had other claims and/ or lawsuits that is important, for he will not be penalized by a court or jury if the claims are reasonable and genuine. It is the denial by the plaintiff of previous claims and suits that damage the case. List here every claim you have ever made for personal injury or property damage, and fill in the details such as date, against whom, nature of the claim, the suit filed, and the result.

POLICE RECORD: List the following information for every arrest (traffic violation or other): Date, place, charges, result, term of confinement:

ACTIVITIES SINCE THE DISCRIMINATION: If you suffered a psychological injury in the discrimination, please describe how your life has been different afterwards:

MILITARY BACKGROUND: Have you ever been rejected for military service because of physical, mental, or other reasons? If yes, explain: