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 Cynthia Myers Farnita Hill Beth Miller

203 North Gadsden Street Tallahassee, FL 32301 Phone: (850) 383-4800 www.mattoxlaw.com

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, <u>please attach only copies</u> 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 OFINTEREST TO THIS INTAKE FORM.

Sincerely,

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

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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 $\underline{M}\underline{M}/\underline{D}\underline{D}/\underline{Y}\underline{Y}\underline{Y}\underline{Y}$

BASIC INFORMATION				
YOU				
Name				
Race	Date of Birth MM/DD/YYYY			
National Origin	Social Security No			
Driver's License No.	State			
CONTACT INFORMATION				
Address	Phone номе ()			
	CELL ()			
	WORK ()			
Email Address				

SPOUSE/SIGNIFIC	ANT OTHER	REFERRAL			
Name		Who referred you to our office?			
CELL ()		Jim Garrity Katherine Viker Adam Ellis Elena Komsky			
MARRIAGES/DIVORCES					
Date/Place of Marriage	Spouse's Name	How Marriage Terminated	Date/Place of Termination		
	BASIC INFO	RMATION (continued)			
	2.0.0				
CHILDREN	T				
Name	Current Age	Residing With	Name of Other Parent		
EDUCATIONAL HI	STORY				
Date (From/To)	School	City/State	Degree Obtained		
EMPLOYMENT HI	STORY (Current/Most Re	cent Employer First)			
Business Name		Employed FROM	то		
Address		Reason for Leaving (Be Specific)			
Business Name		Employed FROM	то		
Address		Reason for Leaving (Be Specific)			

Business Na	me		Employed	FROM	то		
Address			Reason for Leaving (Be Specific)				
	,						
Business Na	me		Employed	FROM	то		
Address			Reason for Leavi	ng (Be Specific)		
			RDING YOUR CLAI				
This is the ir	ndividual or business th	at you believe dis	scriminated agains	t you or treate	d you wrongly.		
WH	0						
Business Na	me or Individual						
ΔΤΤ/	ACH A COPY OF YOUR	R W2 AND OR D	AV STUR FOR FM	IDI OVER VER	IFICATION		
Address			Phone ()				
			Your Position		_		
			Your Direct Supervisor				
County			No. of Employees				
Type of Discrimination ☐Race/Ethnic Origin		Ethnic Origin	□ National □ Age □ Sex		□Sex (Gender)		
(CHECK ALL YO	u THINK APPLY) 🗆 Disabi	ility/Handicap	☐ Marital Status	□Religion	\square Retaliation		
Date of Last	Act of Discrimination/	Retaliation $\underline{M}\underline{M}$ /	<u>DD/YYYY</u>				
List all perso	on(s) that you believe d	iscriminated agai	nst vou or treated	vou wrongly			
	NAME	_	ACE JOB TITLE				
WH	EN & WHY						
Date of Hire			Name of person	who hired you			
Date of Terr	$\frac{\underline{\mathbb{M}}}{\text{mination (if Applicable)}}$	<u>M/DD/YYYY</u>	Name of person	who terminate	ed you		
	<u>M</u>	M/DD/YYYY			,		

Did/does this employer evaluate your job performance in writing? If so, what rating(s) did you receive?
Here you are a sired any arrando an athen an acial magazinian from this angulary. If an alcomite
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.
the award of 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.

Client Intake Form

FOLLOW UP OUTSTIONS	
FOLLOW-UP QUESTIONS	
In your own opinion, <u>WHY</u> were you treated differently? Include names of people treated better that you. Include names of people treated better than you. Include co-workers who were treated more favorably and how they were treated better.	n
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.	ت
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Client Intake Form

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.

Client Intake Form

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. 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. OTHER GENERAL INFORMATION 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. YES NO Have you previously hired or consulted with a lawyer concerning this problem? 1. 2. Have you previously claimed that any person, business, or employer has discriminated against you? Have you participated in grievance proceedings? 3. 4. Have you ever filed internally with the EEO for this employer? 5. Have you ever filed a formal or informal claim of discrimination with regard to THIS employer with the FCHR or EEOC? If so, attach a copy of all documents filed or received from FCHR and EEOC. 6. Have you ever filed a formal or informal claim of discrimination with regard to *ANY* other employer with the FCHR or EEOC? 7. Have you ever filed a formal or informal claim of discrimination with any other administrative agency or any court? 8. Have you otherwise sued anyone or been sued by anyone (except divorces)?

Client Intake Form

9.	Have you ever been diagnosed with a mental illness or disability?		
10.	Have you ever been hospitalized or confined for mental illness or disability?		
11.	Have you ever been adjudicated incompetent?		
12.	Do you suffer from serious physical illness or disability?		
13.	Are you currently taking any prescription medications?		
14.	Have you previously (during the period of your claim) taken prescription medication?		
15.	Do you regularly use drugs or alcohol?		
16.	Have you ever been treated for drug or alcohol abuse?		
17.	Have you ever been rendered totally or partially disabled?		
18.	Have you ever applied for disability compensation benefits?		
19.	Have you ever applied for or received unemployment compensation benefits?		
20.	Have you ever applied for or received workers' compensation benefits?		
21.	Have you ever been arrested?		
	OTHER GENERAL INFORMATION (continued)		
	Answer the following questions to the best of your ability.	Je.	
	` ,	ge. YES	NO
22.	Answer the following questions to the best of your ability.		NO
22.	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		NO
	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 Have you ever been convicted of a felony or misdemeanor? Are you receiving disability, social security, AFDC (food stamps or "welfare		NO
23.	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. Have you ever been convicted of a felony or misdemeanor? Are you receiving disability, social security, AFDC (food stamps or "welfare checks" or other social assistance? Do you or did you have retirement benefits associated with your current or		NO
23. 24.	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 Have you ever been convicted of a felony or misdemeanor? Are you receiving disability, social security, AFDC (food stamps or "welfare checks" or other social assistance? Do you or did you have retirement benefits associated with your current or former job?		NO
23.24.25.	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 Have you ever been convicted of a felony or misdemeanor? Are you receiving disability, social security, AFDC (food stamps or "welfare checks" or other social assistance? Do you or did you have retirement benefits associated with your current or former job? Have you ever served in the military?		NO
23.24.25.26.	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 Have you ever been convicted of a felony or misdemeanor? Are you receiving disability, social security, AFDC (food stamps or "welfare checks" or other social assistance? Do you or did you have retirement benefits associated with your current or former job? Have you ever served in the military? Have you ever filed bankruptcy?		NO
23.24.25.26.27.	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. Have you ever been convicted of a felony or misdemeanor? Are you receiving disability, social security, AFDC (food stamps or "welfare checks" or other social assistance? Do you or did you have retirement benefits associated with your current or former job? Have you ever served in the military? Have you ever filed bankruptcy? Do you have any plan or intention to file bankruptcy? To your knowledge, have you received any bad or negative employment		NO

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.?	
32.	Have you received treatment by any medical or mental health professional as a result of the discrimination about which you are complaining?	
33.	Have you received treatment by any mental health professional concerning any matter other than the discrimination about which you are complaining?	
34.	Have you given any verbal, written, or recorded statements to any person regarding your discrimination/retaliation claim?	
35.	Have you ever been accused by any employer of dishonesty, such as theft or lying?	
36.	Have any of our lawyers at this firm represented you or anyone related to you?	

	ANSWERS TO OTHER GENERAL INFORMATION QUESTIONS				
	If your answer to any of the previous questions is YES, please explain below.				
#	Explanation				

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.

THIS INFORMATION IS VERY IMPORTANT TO YOUR CASE!

Name	Employmer	nt Status	Employed	Not Employed	
RacePosition/Relationship	Witness Type		Friendly Hostile Neutral		
Address,,,	Phone HOME CELL WORK		() ()	· · · · · · · · · · · · · · · ·	
Nama	Employmen	s+ C+a+uc	Employed	Not Employed	
RacePosition/Relationship	Employmer Witness Typ		Employed Friendly Ne	Not Employed Hostile eutral	
Address,	Phone	HOME CELL WORK	() ()		
What does this witness know?					
Namo	Employmer	t Status	Employed	Not Employed	
Name Race Position/Relationship	Witness Typ		Friendly		
Address	Phone	HOME CELL WORK	()		
What does this witness know?					
Name	Employmer	nt Status	Employed	Not Employed	
RacePosition/Relationship	Witness Typ		Friendly	Hostile eutral	
Address	Phone	HOME CELL WORK	()	· · ·	
What does this witness know?					

WITNESS LIST (continued)

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.

THIS INFORMATION IS VERY IMPORTANT TO YOUR CASE!

	1					
Name	Employment	Status	Employed	Not Employed		
Race	Witness Type		Friendly	Hostile		
Position/Relationship			Neutral			
Address	Phone	номе (()			
		CELL ()			
		work ()			
What does this witness know?						
Name	Employment	Status	Employed	Not Employed		
Race	\A/:tracas Tura	_	Friendly	Hostile		
Position/Relationship	Witness Type	е	Neutral			
Address	Phone	номе ()	-		
		CELL () -			
		work () -			
What does this witness know?		,	/			
What does this withess know.						
Name	Employment	Status	Employed	Not Employed		
Desc			Friendly	Hostile		
Position/Relationship	Witness Type	e	•	utral		
	Phone	HOME /				
Address	Phone	HOME ()			
		CELL (,			
		WORK ()			
What does this witness know?						
Г	Τ	<u> </u>				
Name	Employment	Status	Employed	Not Employed		
Race	Witness Tyne	ρ	Friendly	Hostile		
Position/Relationship	Witness Type		Ne	utral		
Address	Phone	HOME ()			
		CELL ()			
,,		WORK ()			
What does this witness know?						
1						

WITNESS LIST (continued)

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.

THIS INFORMATION IS VERY IMPORTANT TO YOUR CASE!

Name	Employment Stat	us Employed Not Employed
Race Position/Relationship	Witness Type	Friendly Hostile Neutral
Address,,,,	Phone HOM CELL WOR	()
No		
RacePosition/Relationship	Witness Type	EUS Employed Not Employed Friendly Hostile Neutral
Address	Phone HOM CELL WOR	()
What does this witness know?		
Name	Employment Stat	rus Employed Not Employed
RacePosition/Relationship	Witness Type	Friendly Hostile Neutral
Address	Phone HOM CELL WOR	()
What does this witness know?		
Name	Employment Stat	us Employed Not Employed
Race Position/Relationship	Witness Type	Friendly Hostile Neutral
Address,,,,	Phone HOM CELL WOR	()
wind does tills withless kilow:		

SUPPORTING OR RELEVANT DOCUMENTS	
USE THIS SPACE to list all documents (papers) that you think support your claim, or would assist us in evaluating or proving your claim. With regard t state who has possession of it.	
Document	Who has it?
SIGNATURE DATE	
Thank you for the opportunity to review your clai	m.
OFFICE USE ONLY	
Received by	

via Date Stamp →