

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

Marie A. Mattox  
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Adam Ellis  
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Cynthia Myers  
Farnita Hill  
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203 North Gadsden Street  
Tallahassee, FL 32301  
Phone: (850) 383-4800  
[www.mattoxlaw.com](http://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, **please attach only copies and keep the originals for yourself.**

**You can email your intake to [Frontdesk@mattoxlaw.com](mailto: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.

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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	
<b>MARRIAGES/DIVORCES</b>			
Date/Place of Marriage	Spouse's Name	How Marriage Terminated	Date/Place of Termination
<b>BASIC INFORMATION (continued)</b>			
<b>CHILDREN</b>			
Name	Current Age	Residing With	Name of Other Parent
<b>EDUCATIONAL HISTORY</b>			
Date (From/To)	School	City/State	Degree Obtained
<b>EMPLOYMENT HISTORY (Current/Most Recent Employer First)</b>			
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.

*WHO*

Business Name or Individual \_\_\_\_\_

**ATTACH A COPY OF YOUR W2 AND OR PAY STUB FOR EMPLOYER VERIFICATION**

Address \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ Your Position \_\_\_\_\_  
 \_\_\_\_\_ , \_\_\_\_\_ Your Direct Supervisor \_\_\_\_\_

County \_\_\_\_\_ No. of Employees \_\_\_\_\_

Type of Discrimination     Race/Ethnic Origin     National     Age     Sex (Gender)  
 Origin  
 (CHECK ALL YOU THINK APPLY)     Disability/Handicap     Marital Status     Religion     Retaliation

Date of Last Act of Discrimination/Retaliation MM/DD/YYYY

List all person(s) that you believe discriminated against you or treated you wrongly.

<u>NAME</u>	<u>RACE</u>	<u>JOB TITLE</u>

*WHEN & WHY*

Date of Hire _____ <span style="float: right;"><u>MM</u>/<u>DD</u>/<u>YYYY</u></span>	Name of person who hired you _____
Date of Termination (if Applicable) _____ <span style="float: right;"><u>MM</u>/<u>DD</u>/<u>YYYY</u></span>	Name of person who terminated you _____







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>

<b>OTHER GENERAL INFORMATION</b>				
<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"/>



<b>WITNESS LIST</b>
<p>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.</p> <p style="text-align: center;"><b>THIS INFORMATION IS VERY IMPORTANT TO YOUR CASE!</b></p>

Name _____ Race _____ Position/Relationship _____ Address _____ _____ _____, _____ What does this witness know?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Employment Status</b></td> <td style="width: 35%;">Employed</td> <td style="width: 35%;">Not Employed</td> </tr> <tr> <td><b>Witness Type</b></td> <td>Friendly</td> <td>Hostile</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Neutral</td> </tr> <tr> <td><b>Phone</b></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>	<b>Employment Status</b>	Employed	Not Employed	<b>Witness Type</b>	Friendly	Hostile		Neutral		<b>Phone</b>	HOME ( ___ ) - ___ - ____			CELL ( ___ ) - ___ - ____			WORK ( ___ ) - ___ - ____	
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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 _____ Race _____ Position/Relationship _____ Address _____ _____ _____, _____ What does this witness know?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Employment Status</b></td> <td style="width: 30%;">Employed</td> <td style="width: 50%;">Not Employed</td> </tr> <tr> <td><b>Witness Type</b></td> <td>Friendly</td> <td>Hostile</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Neutral</td> </tr> <tr> <td><b>Phone</b></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>	<b>Employment Status</b>	Employed	Not Employed	<b>Witness Type</b>	Friendly	Hostile		Neutral		<b>Phone</b>	HOME (____) - ____ - ____			CELL (____) - ____ - ____			WORK (____) - ____ - ____	
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