

CONFIDENTIAL CLIENT QUESTIONNAIRE
Discrimination

Today's Date: _____

CLIENT INFORMATION

1. Your full name: _____
 - a. If married, maiden name: _____
 - b. Cell Phone No.: _____
 - c. Work Phone No.: _____ Ext.: _____
 - d. Home Phone No.: _____
 - e. E-mail Address: _____
 - f. Current Address: _____

2. Marital Status: S___ M___ D___ W___

3. Partner's Full Name: _____
Married Not Married

4. Minor Children:(Name(s), DOB) _____

EMPLOYMENT INFORMATION

1. Present employer: _____
 - a. Address: _____
 - b. Job title: _____
 - c. Rate of Pay: _____
 - d. Number of hours worked per day/week: _____
 - f. Duties at work: _____

DEMOGRAPHIC INFORMATION

- 1. Date of birth _____ Place of birth _____
- 2. Social Security Number [provide in-person to attorney] _____
- 3. Race and Ethnicity: _____
- 4. Live with who: _____
- 5. High School (name, city, state) _____
- 6. Colleges (name, city, state) _____
- 7. Disability _____
 - a. Age of onset _____
 - b. Description of how you became disabled _____

DISCRIMINATING PARTY INFORMATION

- 1. Name of Party: _____
 - a. Address: _____
 - b. Telephone number: _____
 - c. Other information: _____

DISCRIMINATING INCIDENT

- a. Date discrimination started: _____
- b. Date discrimination ended: _____
- c. Name witnesses that saw/heard the incident & phone numbers and email addresses:

Name and what they know	Email	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Describe why you believe it was discrimination (use back if needed): _____

MEDICAL TREATMENT

1. Listing of each doctor and/or hospital with address and phone number for each facility which you have received treatment regarding this discrimination.

a. _____	b. _____
_____	_____
_____	_____

c. _____	d. _____
_____	_____
_____	_____

e. _____	f. _____
_____	_____
_____	_____

If you run out of space, write them on the back of this page and check here: _____

CONCLUSION

1. How did you hear about our law firm? _____

2. List additional information you feel is important: _____

3. Have you ever been convicted of a misdemeanor or felony? Yes ____ No ____

If so, give details of charges, dates, and result:

**INTAKE – RELEASE OF INFORMATION
CONFIDENTIAL WORK PRODUCT**

Auth. Form

MEDICAL RECORDS

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

EMPLOYMENT RECORDS

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

POLICE RECORDS

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

OTHER RECORDS

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |