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**EMPLOYMENT LAW FACT SHEET**

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

Referred by: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Disposition:	
_____ (A) Conflict check	Initials _____
_____ Date _____	Atty: _____
_____ (B) Appointment scheduled with:	
_____ Date and time: _____	
_____ (C) Referred to _____	
_____ (D) Check with _____	
Attorney comments: _____	
_____ (E) Client will call us back if they want to make appointment	
_____ (F) Other: _____	

**A. PERSONAL**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

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

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
home work cell

Email: \_\_\_\_\_

Race: \_\_\_\_\_ National Origin: \_\_\_\_\_

**B. EMPLOYMENT**

Name of employer: \_\_\_\_\_

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

Number of employees: \_\_\_\_\_ Public employer:  Yes  No Private employer:  Yes  No

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Date of termination, if applicable: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you represented by a union?  Yes  No If Yes, union name: \_\_\_\_\_

Has grievance been filed with union? \_\_\_\_\_

Please check the items below that exist:

If they exist, do you have a copy of it?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Engagement Letters       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Employment Agreement     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Employee's Policy Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Severance Agreement      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Termination Letter       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Separation Agreement     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Labor Agreement          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



What remedy are you seeking?     Advice only     Job back     Retraction/Written apology     Other

If other, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER**

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By submitting this form, you agree that no information disclosed by you shall prohibit WALSTEAD MERTSCHING PS or its individual attorneys from representing a different client in this matter.

**I UNDERSTAND AND ACKNOWLEDGE THE DISCLAIMER STATED ABOVE.**

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_