

Confidential Potential Client Intake Form

Answer the questions completely, use the "SUBMIT" button and return by email. If you are unsure of a response leave it blank. In the event you need more room for your answer, attach additional pages and label your answer with the appropriate section and item numbers.

Thank you for contacting Teren Law Group, p.c., regarding your legal needs. If you are interested in having our firm represent you or are seeking advice about your employment situation, please fill out and return this form as soon as possible. Submission of this form does not create an attorney-client relationship or guarantee that we can or will represent you, but it does allow us to consider your request for legal advice. **Although we do not yet have a formal attorney-client relationship yet, the attorney-client privilege protects all of our communications. So, please be sure to state all facts, even those you believe may be harmful to your claim, as a complete story is crucial to determining your legal rights. Be assured that nothing you say in this communication to my firm will be shared regardless of whether we ultimately take your case or not.**

Please type or print your answers and return this form to us:

Email to: Intake@TerenLawGroup.com (Preferred)

OR fax to: 310-543-2303

OR Postal Service to: 225 Avenue I, Suite 203, Redondo Beach, CA 90277

Form Submission Date

(Month, Day and Year)

How did you learn about Teren Law Group or Pam Teren? :

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What services do you need?

- () Representation in litigation, negotiation or other proceedings
- () Office consultation and advice*

*Hourly rates apply to some consultations. There is no charge for Teren Law Group’s review of this intake form. Teren Law Group will inform you if there will be a charge for a consultation and the applicable hourly rate prior to any consultation for which there is a charge.

Your Contact Information

Name:
(First, Middle, Last)

Address:

City:

State Zip

Phone numbers: Home
Work
Mobile

Which number is the best one for contacting you?

Email:

Is this personal () or work email address () ?
Does anyone else read or have access to this email? Yes () No ()

***NOTE: Please do not communicate with my office through an email address connected to any employer. Your employer’s policies may permit your employer to review your emails and the attorney-client privilege may not apply to any communications through a work email address.

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Information about your employer:

Company Name:

How many employees work there? (____) Locally (____) the U.S. (____) Worldwide

Is the company a publicly traded corporation?

Yes () No ()

Briefly describe what the company does:

State the names and job titles of all persons at your company that may be involved in your dispute/issue:

Information about your employment issue:

What is the nature of your dispute? (Check all that apply)

- Harassment
- Discrimination
- Retaliation or whistleblowing
- Unfair or unequal payment of wages or benefits
- Wrongful termination
- Failure to pay overtime and/or failure to provide breaks
- Breach of employment agreement
- Other (please describe) :

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Are you a current employee?

Yes () No ()

If you are no longer an employee, when did your employment end?

How did your employment end?

Termination

Lay off

Resignation

Forced resignation

Other (please explain) :

How long did you work for the company?

Years worked (_____) Date of hire: (_____) Date of Termination: (_____)

Did you have an employment contract?

Yes () No () (if yes, please attach a copy)

Did your employer have an "at will" employment policy?

Yes () No ()

Job title:

Describe briefly your job duties:

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Information about the Adverse Employment Action:

Is your dispute is related to any adverse employment action taken against you (i.e., termination, demotion, disciplinary action, compensation decision, etc.)?

Yes () No() If yes, please answer the following questions:

1. What was/were the adverse employment action(s)?

Termination

Demotion

Discipline

Failure to hire or promote

Compensation decision

Other (please state)

2. Who at the company participated in the decision and what was/were their roles at the company relative to you?

3. What reason(s) did the company give for the decision(s)? (List all the reasons you were given with the exact language if possible and who stated the reason(s) to you. If you were provided anything in writing about the decision(s), please attach it.

1 4. Were the company's stated reasons true?

2 Yes () No () If the reasons given to you were not true, please list why the reasons are false:

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7 5. If your answer to #4 was "no" - What do you believe was the real reason for the company's decision?

8 (Check any that apply)

- 9 Gender/Sex (state your gender)
- 10 Race (state your race)
- 11 National origin (state your national origin)
- 12 Age (state your age)
- 13 Disability (state your disability)
- 14 Religion (state your religion)
- 15 Medical condition (state your medical condition)
- 16 Pregnancy/childbirth
- 17 Retaliation for reporting or opposing something illegal
- 18 Retaliation for opposing or rebuffing a sexual advance
- 19 Sexual orientation
- 20 Association with someone in a protected class
- 21 Other (please describe briefly)

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5-A. If you identified a reason in #5, what are all of the reasons that make you believe that the reason you stated in #5 was the real reason for your adverse employment action?

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5-B. Did any person involved in the employer’s decision make a statement that indicated a bias against you based on the reason you stated in #5? If so, please describe in detail:

5-C. If the reason you identified as the “real reason” in #5 is a characteristic that is not outwardly obvious (i.e., sexual orientation, religion, etc.), please state all information that shows that the person(s) who made the adverse employment decision knew you had this characteristic:

6. If your employer knew of the characteristic listed in #5 when you were hired, state all reasons that you believe your employer was willing to hire you but later would terminate or take an adverse employment actions against you based on your protected status:

7. State the Gender, Race/National Origin, Age, etc., of person(s) involved in the employer’s decision. If the person’s characteristics are similar to yours (i.e., same gender, race, age, etc.), state all of the reasons you believe that the decision maker was biased against you based on you having this characteristic:

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8. If you reported or opposed conduct that you believed was illegal, please state:

8-A. What was the illegal conduct?

8-B. Who participated in the illegal conduct?

8-C. What did you do to oppose this conduct?

8-D. If you reported it - state to whom you reported it, when you reported it, and the company's response. **Please provide copies of any writings you may have.**

8-E. If you opposed the conduct verbally or by showing your disapproval through non-verbal body language, describe what you did to express disapproval, to whom you expressed it, when you expressed it, and the response from the company.

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8-F. How much time elapsed between you opposing the illegal conduct and something bad happening to you? (State the dates of both)

9. Did you receive any prior warnings or discipline before the employment action described in #1? If so, please describe.

10. Did you violate any work rules or do anything that would give your employer a legitimate reason to discipline or terminate you? If so, please describe.

11. How were employees that did not share the characteristic you identified in #5 treated at work as compared to you? For any differences in treatment, please state the other employees' job duties, characteristics, the similarities and differences between you and them, how they were treated in terms of anything related to the job and how their qualifications and job performance compare to yours.

12. Did someone take over the position or duties you had?
Yes () No () If yes, state their characteristics as compared to yours (e.g., gender, age, race, etc.) and how their qualifications and job performance compare to yours.

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Information about any claim of Harassment:

Do you believe you were harassed at work?

Yes () No () If yes, answer all of the following questions:

1. What characteristic of yours resulted in harassment (i.e., sex/gender, race, age, disability, etc.):

2. Describe the harassment (give at least a few specific examples of the behavior you found harassing, i.e., if comments, state the comments, if touching, describe the touching, etc.):

3. Who at the company has harassed you? (State their names, job titles, positions at the company relative to you [e.g. supervisor, co-worker, etc.]

4. How long has the harassment occurred? (For each harasser, state the dates of the first act of harassment and the most recent act of harassment).

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5. How often does/did the harassment occur? (For each harasser, state how often they did something that was harassing [e.g., daily, weekly, monthly, etc.]).

6. What were the worst 1-3 examples of the harassment? (For each harasser, state what you believe was the most outrageous actions they engaged in toward you or in your presence).

7. Did other employees give you information about the harasser that concerned you? (State what you learned from other employees about the harasser's conduct that concerned you or led you to believe that others experienced or knew of the harassment).

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8. Do you have written documentation (e.g., cards, letters, emails, text messages, drawings, photographs, diaries, journals, calendars, etc.) relevant to your complaint? If so, please attach a copy, or, if you can't provide a copy, describe the document(s).

9. Did you do anything to let the harasser(s) know that you did not like their conduct? (Describe any way you communicated your dislike, e.g., verbal, writings, non-verbal body language, etc.)

10. Did you report the harassment to anyone at the company? (If so, please state what you reported, when you reported it, how you reported it (verbal, writing, etc.), to who you reported it, and any response by the company. (If there are any emails or writings, please include them.)

11. State all information that you know that suggests your employer's management was aware of the harassment. (Examples: employee reports, prior complaints, harassment occurred in the presence of managers, the harasser is a high-level manager, etc.).

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Information about a Wage Related Claim:

Were you denied overtime pay or do you believe your employer did not comply with wage laws?

Yes () No () If yes, please answer the following questions.

1. Did you supervise anyone? Were you in a management position? (If yes, describe your role).

2. How were you paid? (Hourly, salary, payroll checks, under the table, etc.)

3. Were you paid for all hours of work you performed? (If no, state the dates and hours you believe you worked hours but were not paid and your estimate of the number of unpaid hours)?

4. Did you work over 8 hours per day or over 40 hours in any week without being paid overtime wages of 1.5 times your hourly rate? (If so, state your best estimate of the dates and hours that you believe you worked overtime but were not paid overtime wages).

5. Did you work over 12 hours in any single workday without being paid overtime wages of 2 times your hourly rate? (If so, state your best estimate of the dates and hours that you believe you worked overtime but were not paid overtime wages).

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6. Were you denied breaks or meal periods? (If so, please describe what breaks and/or meal periods you believe you were denied).

Information about Possible Witnesses:

For all possible witnesses to your claims, please state their:

(Witness 1) Name:

Position at the company relative to you:

Are they still employed?

Are they willing to speak to an attorney about your claim?

What is their contact information?

Briefly describe what you believe they may know that might be helpful to your case.

Do you think they would be willing to speak to someone from my office? Yes () No ()

(Witness 2) Name:

Position at the company relative to you:

Are they still employed?

Are they willing to speak to an attorney about your claim?

What is their contact information?

Briefly describe what you believe they may know that might be helpful to your case.

Do you think they would be willing to speak to someone from my office? Yes () No ()

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Information about Potentially Important Documents:

1. Did you sign any release of claims with your employer?

Yes () No () If yes, state any reason you believe this release may not be valid.

2. Did you sign any document when you received any payment from your employer?

Yes () No () If yes, please describe the document(s).

3. Have you signed an arbitration agreement?

Yes () No () Don't know ()

If you signed an agreement to arbitrate or if your employer has a mandatory arbitration policy, please attach a copy of the agreement and/or policy.

4. Did you sign any documents when turning in your work hours or receiving paychecks?

Yes () No () If yes, please describe and provide a copy if you have one.

5. Did you sign any statements about your experiences with your employer where you described anything about your working conditions?

Yes () No () If yes, please describe and provide a copy.

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6. Did you record any conversations with anyone connected to your job?

Yes () No () If yes, please describe what you recorded, when you recorded it, and whether you retained a copy of the recording.

7. Did you take or keep any documents from the company?

Yes () No () If yes, please describe what you have taken, when you took them, and where they are today. NOTE: if you have documents from the company and are considering bringing a claim against the company, you should not destroy them).

8. Were you offered a severance agreement?

Yes () No () If yes, state whether you are interested in the agreement, provide a copy of the agreement and describe any discussions or negotiations that have occurred regarding the agreement.

9. If you have any documents that you believe are important to your claim and you have not already identified them in a prior response, please describe the document(s) here.

1 Information about Other Proceedings

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3 that May be Important:

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5 1. Have you applied for unemployment benefits?

6 Yes () No () If yes, please describe the status of your application and any proceedings that
7 have occurred.

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10 2. Have you applied for disability benefits?

11 Yes () No () If yes, please describe the date(s) you have applied for benefits, whether you
12 have received benefits, whether you have been deemed “disabled” since your termination, and the
13 status of any disability claim.

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18 3. Have you retained any attorney in connection with your claim against your employer?

19 Yes () No () If yes, please state who you retained, the status of their representation of you
20 and why you are seeking new counsel.

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24 4. Have you applied for workers’ compensation benefits and/or do you intend to apply for workers’
25 compensation benefits? (NOTE: Teren Law Group does not handle workers’ compensation matters.)

26 Yes () No () If yes, please state the details of any workers’ compensation claim and/or the
27 reasons you wish to make a claim, and the name of any attorney who has represented you regarding a
28 workers’ compensation claim.

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4. ANSWER:

5. Have you filed any charges with the EEOC, DFEH, Labor Commissioner or any other government agency? Yes () No () If yes, please state the dates you filed charges and provide a copy of any charges you have filed.

6. Have you filed a law suit against your employer?
Yes () No () If yes, please provide a copy of your complaint.

7. Have you ever filed a lawsuit or been sued before?
Yes () No () If yes, please describe any prior litigation you have been involved in.

8. Have you ever made a complaint to or about any prior employer?
Yes () No () If yes, please describe the circumstances and the nature of any prior complaint against an employer.

9. Have you ever testified in court or a deposition before?
Yes () No () If yes, please describe the circumstances of any testimony you have provided.

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9. ANSWER:

10. Have you ever been convicted of any crime (other than a minor traffic violation)?

Yes () No () If yes, please describe any conviction of any kind and provide any documents that you have, which show this conviction.

11. Are you currently facing any criminal charges?

Yes () No () If yes, please describe (and attach a separate sheet if necessary):

12. Have you ever filed for workers' compensation benefits against any prior employer?

Yes () No () If yes, please describe the circumstances.

13. Have you filed for bankruptcy in the last five years?

Yes () No () If so, what was the outcome?

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14. Do you have a bankruptcy that is still open?

Yes () No () If yes, please provide the case number and a brief description. .

15. Do you have any intention of filing bankruptcy in the next 2 years?

Yes () No () If so, briefly state your reasons for believing you may file bankruptcy.

16. Have you posted any information, photograph(s), video(s) or statement(s) related to your employer, your claim, any employee at work or anything about your employment, mental health status, or anything that may suggest you have not suffered damage and/or may be embarrassing to you on any internet site, social media site or in any written form of any kind?

Yes () No () If yes, please describe in detail.

17. Is there anything in your history that could be discovered through a very thorough background check that you think could be embarrassing or in any way damaging to your credibility?

Yes () No () If yes, please describe.

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Information about any Damages Suffered

A. Information about wage losses.

Have you suffered any wage losses? Yes () No ()

1. What was the total dollar value of your job at the time you began to suffer a wage loss? (E.g., your wage rate on a yearly, monthly or hourly basis).

2. The date of your termination or the adverse action that resulted in a wage loss.

3. Have you earned any income since the date the loss began?
Yes () No () If yes, state the amount of income you have earned since the date your loss began.

4. If you have not obtained a new job, please describe your efforts to find work.

1 **B. Information about Emotional Distress.**

2 Have you suffered emotional distress in connection with your employment issue? Yes () No ()

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4 1. Describe any symptoms of emotional distress that you have experienced and which you believe were
5 caused by your employer’s actions.

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11 2. For each symptom, describe when the symptom began, whether you are still experiencing the
12 symptom now, and whether the symptom has gotten worse, remained the same or has gotten better.

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18 3. Describe any medical services or treatment you have received due to your emotional distress.

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24 **IMPORTANT:** If you send this form or any communication with TLG via email, please do
25 not send it from your work email address or while you are physically at work. Your employer may
26 (now or later) have access to your email account and web activities.

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28 **Dated:** _____