

ABOUT YOUR POTENTIAL CASE

I. About You

| | |
|--|--|
| First Name: <input style="width: 95%;" type="text"/> | Last Name: <input style="width: 95%;" type="text"/> |
| Address: <input style="width: 95%;" type="text"/> | City, State Zip: <input style="width: 95%;" type="text"/> |
| Home Phone (Including Area Code): <input style="width: 95%;" type="text"/> | Work Phone (Including Area Code): <input style="width: 95%;" type="text"/> |
| Cell Phone (Including Area Code): <input style="width: 95%;" type="text"/> | Email: <input style="width: 95%;" type="text"/> |

II. About Your Employer/Former Employer

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|---|---|
| Name of Employer: <input style="width: 95%;" type="text"/> | Address of Employer: <input style="width: 95%;" type="text"/> |
| Type of Business: <input style="width: 95%;" type="text"/> | Approximate Number of Employees: <input style="width: 95%;" type="text"/> |
| Job Title: <input style="width: 95%;" type="text"/> | Date of Hire: <input style="width: 95%;" type="text"/> |
| Approximate Annual Income: <input style="width: 95%;" type="text"/> | Last Date of Employment (if applicable): <input style="width: 95%;" type="text"/> |

Your current employment status:

| | | | |
|--|-----|----|-----------|
| Are you a member of a union? | YES | NO | UNCERTAIN |
| <i>Have you reported the problem to you union?</i> | YES | NO | |
| Did you have an employment contract? | YES | NO | UNCERTAIN |
| Did you sign an arbitration agreement? | YES | NO | UNCERTAIN |
| <i>If yes, do you have a copy?</i> | YES | NO | |
| Did you receive performance evaluations? | YES | NO | UNCERTAIN |
| <i>If yes, do you have copies?</i> | YES | NO | |

All information submitted will be treated confidentially. Submitting this information does not create an attorney-client relationship. By telling me about your potential case, you acknowledge that the Law Office of Greg Mayeda has not agreed to represent you. An attorney-client relationship with the Law Office of Greg Mayeda will only be created upon the signature of a written agreement by the attorney and the client.

III. About Your Employment Problem

What type of employment problem are you experiencing?

Other (please provide a brief description):

Approximately when did the problem begin?

If you believe that you are being illegally discriminated against, please identify the basis of discrimination:

| | | | |
|--|------------------------|--------------------------------|--|
| | Age | Please state your age: | <input style="width: 95%; height: 20px;" type="text"/> |
| | Disability | Please state your disability: | <input style="width: 95%; height: 20px;" type="text"/> |
| | National Origin | Please state your nationality: | <input style="width: 95%; height: 20px;" type="text"/> |
| | Race/Racial Harassment | Please state your race: | <input style="width: 95%; height: 20px;" type="text"/> |
| | Religion | Please state your religion: | <input style="width: 95%; height: 20px;" type="text"/> |
| | Pregnancy | | |
| | Sexual Orientation | | |
| | Sex/Gender | | |

| | | |
|--|---|----|
| Is the person you are experiencing problems with the same person who hired and/or promoted you? | YES | NO |
| Have you reported your employment problem to a government agency such as the Equal Employment Opportunity Commission (EEOC) or the Department of Fair Employment and Housing (DFEH)? | YES <i>(If, yes when?)</i> <input style="width: 80%; height: 20px;" type="text"/> | NO |

Additional important information about your potential case:

How did you hear about the Law Office of Greg Mayeda?

You may submit your completed form by mail, email or fax. Incomplete forms may not be processed.

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