

THIS IS A PRIVILEGED ATTORNEY-CLIENT COMMUNICATION

All information set forth in this Form will be treated as confidential and subject to the attorney-client privilege.

Please take the time to completely answer the questions below that apply to your situation. When you have completed answering the questions, please do the following:

Mail To: Schonbrun De Simone Seplow Harris & Hoffman, LLP
723 Ocean Front Walk
Venice, CA 90291
Fax To: Schonbrun De Simone Seplow Harris & Hoffman LLP
(310) 399-7040
Phone: (310) 396-0731
E-Mail : info@sdshh.com
Schonbrun.ben@gmail.com

Thank You. We look forward to serving your legal interests.

SCHONBRUN DESIMONE SEPLOW HARRIS & HOFFMAN LLP
WAGE & HOUR
INITIAL INTAKE FORM

Date: _____

How Did You Hear About Us _____

Your Name:

Address: _____ City: _____ State: _____

Phone Numbers: Home _____ Cell _____ Work _____

(Can you be contacted at work? **YES / NO**).

Email address: _____ Date of Birth: _____

Gender: _____ Race: _____ National Origin: _____

1. Please provide the name and address of the employer involved:

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2. Please check one: Are you a ___ current employee, ___ former employee, ___ job applicant, ___ or prospective employee of this employer.

3. When did you begin working for this company? And what was the end date of your employment, if applicable? If currently employed, please provide your job title.

4. What are/were your job title(s) and duties?

5. Number of others with same duties and similar complaints:

6. Number of Employees in Company:

7. Number of Others Willing to Join the Suit:

8. Does the employer have more than one location? If so, please list them here:

9. Are you paid hourly or on salary?
 - a. Average Number of Hours Worked per Day:
 - b. Average Number of Hours Worked per Week:
 - c. What is your rate of pay?

10. Are You Paid Overtime?

11. Are You Required to Work Off The Clock?

12. Are You Provided Rest Breaks?

13. Are You Provided Meal Breaks?

14. Does your employer have a vacation pay use it or lose it policy?

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15. Did you keep time cards or other records of time worked? If so, please describe the nature of the system used to record time (i.e., name of the program used, etc.)

16. Are you a member of a union? If so, which one?

17. Did you have an employment contract? If not, did you receive an employee handbook? Please provide a copy of either the contract or handbook.

18. Did you sign an arbitration agreement? If so, please provide a copy.

19. Do you know of any lawsuits/settlements against the employer? If so, please describe:

20. Have any complaints been made to the Department of Labor or the State of California concerning the Company's overtime or pay policies? If yes, provide the name of the agency, the date of the complaint, and the final result, if any, of the complaint:

21. Has your employer made any deductions from your pay for tools, broken merchandise, reversed commissions, etc.? If so, please explain:

22. Are you required to pay for any uniform or other attire that you are required to wear at work? If so, please describe:

23. Have other attorneys worked on this matter? **YES / NO**. If yes, provide names, addresses, and a brief description of their involvement:

24. Other concerns:

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THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE. PLEASE BE ADVISED THAT IN ORDER FOR US TO ASSESS YOUR CLAIMS APPROPRIATELY AND/OR REPRESENT YOU IN THIS MATTER, WE MUST KNOW THE FULL AND COMPLETE TRUTH WITH RESPECT TO THE CLAIM(S) LISTED ABOVE, AND OTHER CLAIMS YOU MAY HAVE HAD. IT IS ALSO IMPORTANT THAT YOU ADVISE US IF YOU HAVE BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR).

ALL INFORMATION THAT YOU PROVIDE TO US WILL BE KEPT CONFIDENTIAL WHETHER OR NOT THIS FIRM REPRESENTS YOU.