

Intake Form – Workers Rights

Client Information

| | | | | | |
|--------------------|--|----------------|--|-----|--|
| Last Name | | First Name | | DOB | |
| Client's Phone No. | | Client's Email | | | |

Employment Information (Employer you have issues with)

| | | | | | |
|---|---|--------------------------------|---|---|---------------------|
| Name of Company | | | Owner or Manager | | |
| Work Address | | | Work Phone Number | | Number of Employees |
| Type of Work | | | Job Title | | |
| Work Period (Start – End) | (MM / DD / YY) – (MM / DD / YY) | | Employer's Status | <input type="checkbox"/> Former Employer <input type="checkbox"/> Current Employer <input type="checkbox"/> Other _____ | |
| Are you still working? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Your Work Authorization Status | <input type="checkbox"/> US citizen <input type="checkbox"/> Permitted to work legally | <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Not permitted work legally | |
| Reason for separation (if applicable) | <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Other | | Why? | | |
| If not working, are you receiving Unemployment Insurance Benefits (UIB)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have any issues with UIB? | <input type="checkbox"/> Yes (if yes, describe _____) <input type="checkbox"/> No _____ | |
| If you were hurt while working, are you receiving worker's compensation (WC)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have a WC attorney for you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Wage & Hour Information

| | | | | | | | |
|----------------------------------|--|--|---------------|-------|------|------|-----|
| Work Status | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | # Days / Week | | | | |
| Hours Detail (Start & End Time) | Mon. | Tue. | Wed. | Thus. | Fri. | Sat. | Sun |
| | | | | | | | |
| Meal Break? | <input type="checkbox"/> Yes Regular (from _____ to _____) <input type="checkbox"/> Whenever I can for ____ min/ day <input type="checkbox"/> No | | | | | | |
| How Paid? | <input type="checkbox"/> Cash only <input type="checkbox"/> Check / money order only <input type="checkbox"/> Cash \$ _____ + Check/money order \$ _____ | | | | | | |
| Pay Rate? | \$ _____ | <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly | | | | | |
| Records of Payment? | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | | | | | | |
| Received? (Check all that apply) | <input type="checkbox"/> W2 <input type="checkbox"/> Tip <input type="checkbox"/> Meals <input type="checkbox"/> Lodging <input type="checkbox"/> Health Insurance <input type="checkbox"/> Tax withheld <input type="checkbox"/> other benefits: | | | | | | |

Legal Issues

| | |
|---------------|---|
| Problems with | <input type="checkbox"/> Unpaid Wage & Hour: _____ <input type="checkbox"/> UI: _____ <input type="checkbox"/> WC: _____ <input type="checkbox"/> Other: _____ |
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