

Eddy Law Firm www.eddy-law.com

Introduction Questionnaire Office: 405.239.2524 Fax: 405.239.2665

Please complete the form to the best of your knowledge. Our firm will contact you within 48 hours of receiving your request.

We offer two options to complete the pdf version of the questionnaire:

Option 1- Fill in the spaces below, print and fax

Option 2- Download the document to your computer; complete the questionnaire, print and fax.

First Name

M.I.

Last Name

Address

City

State

Zip

Home Phone (Including area code No dashes,dots,or spaces)

Work/Cell Phone Number

E-mail

How did you find out about us?

If Referral Attorney, Friend, or Other, please provide the name(s)

Name of the employer that has wronged you

Employer Address

City

State

Zip

Phone

Dates of employment From (YYYY-MM-DD)

To

Your Position/Title

Salary & Benefits Value

Total number of employees where you worked

Please indicate if you have experienced any of the following

Date you were notified

Effective Date

Severance Pay?

Please provide an explanation

What reason did the employer give for the action, if any

Name and Title of the person who informed you of the Company's decision

Did you sign a release or waiver?

Do you believe your case may involve any of the following
Briefly explain your concern.

Briefly describe your problem if different from the concern.

Were you denied medical or sick leave
If so, describe the reason for your requested leave

When did you request the leave(date)

Additional Employment Options

Have you found other employment

If yes, current employer's name

Employer Address

City

State

Zip

