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INITIAL CONSULTATION QUESTIONNAIRE

(CONFIDENTIAL)

PLEASE PRINT

1. Name: _____

2. Address: _____

(City) (State) (Zip)

3. Home Phone () _____; Work Phone: () _____;

Cell Phone () _____

Fax: () _____; E-Mail : _____;

4. Please provide the following information concerning your current employer/agency:

a. Name: _____

b. Address: _____

Street

City State Zip County

c. Date of hire: _____

d. Your position: _____

e. Salary: _____ Grade / Step: _____ / _____

f. Immediate Supervisor: _____

5. If your employment problem is with a different employer/agency than you described in answering #4, then please provide the following information about the employer/agency with whom you had the problem:

11. What is this person's position? _____

12. Who do you think really made the decision - the person who really wanted you terminated, disciplined, not promoted, etc.? (Also, identify that person's race, sex, age and national origin) _____

13. What do you think is the biggest real reason for that person's decision? _____

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14. What is your age? _____ & date of birth? _____

15. What is your service computation date? _____

16. Retirement System: CSRS ___; FERS ___; Other ___; If other please list _____

17. What was your salary? _____

18. What was your job title (or what job were you seeking)? _____

19. (In case of termination) how much, if any, severance pay were you given?

20. Have you signed a release, waiver, settlement or other agreement?

21. What is the age, race, national origin & sex of your replacement?

22. Have you found other employment? _____

a. Yes (if so, new salary) _____

b. No but expect to soon _____

c. No and do not expect to soon _____

23. Do you believe your case may involve any of the following (yes, no or maybe)?

- a. Sex discrimination: _____yes _____no _____maybe
- b. Sexual harassment: _____yes _____no _____maybe

If so, name, sex and job title of everyone who sexually harassed you:

- c. Age discrimination: _____ yes _____no _____ maybe

If so, identify the age of the person(s) who discriminated against you?

What is the age of your replacement or person promoted in your place, etc?

- d. Disability/handicap discrimination: _____yes _____no _____maybe

If so, what is your disability?_____

Did the employer/agency know you had a disability?_____

- e. Race/color discrimination: _____yes _____no _____maybe

If so, identify your race/color, and the race/color of the person(s) who discriminated against you_____

What is the race/color of your replacement or person promoted in your place, etc?

- f. Religious discrimination: _____yes _____no _____maybe

If so, identify your religion, and the religion of the person(s) who discriminated against you?_____

- g. National Origin discrimination: _____yes _____no _____maybe

If "yes," what is your national origin and the national origin of the person who discriminated against you?_____

- h. Reprisal/retaliation for engaging in protected EEO activity _____ yes _____no _____ maybe

If "yes," describe your protected EEO activity_____

- i. Any of the following: sexual preference; personal appearance; marital status; political affiliation; union membership; family obligations? _____yes _____no _____maybe

Describe: _____

j. Reprisal for whistleblowing: _____yes _____no _____maybe

If "yes," describe the matter you disclosed and to whom you made the disclosure

If "yes," have you filed a complaint with the Office of Special Counsel? _____yes _____no
When filed?_____

k. Denial of leave, or reprisal for taking leave, under the Family Medical Leave Act:
_____yes _____no _____maybe

l. Fired for refusing to perform an illegal act _____yes _____no _____maybe

If so, what did you refuse to do? _____

m. Fired for filing a workers' compensation
claim:_____

n. Reprisal for any legally protected activity such as filing a grievance or appeal, or working on
behalf of a union _____yes _____no _____maybe

If "yes," please explain the "protected activity" if not already described in this questionnaire, the
date of that activity, and why you think you are being retaliated against.

o. Other (please specify):_____

24. (omitted)

25. (omitted)

26. Are/were you a member of a bargaining unit, in other words, was/is your position covered by a union contract? _____yes _____no

27. If your answer to #26 was yes, please answer questions a-f below. If you answered "No" to question #26, then skip down to question #28.

a. Name of Union:_____ Local # _____

b. Name of union president or steward:_____

c. Are you a union member?

d. Do you have a copy of the union contract?_____

e. Have you filed a grievance under the union contract concerning the matter you are here to see us about?_____

f. What is the current status of that grievance?_____

28. Date of last performance appraisal:_____ Rating?_____

29. Date of last promotion?_____ Date of last within-grade increase:_____

30. (omitted)

31. (omitted)

32. (omitted)

33. Have you discussed your complaint with an EEO Counselor? _____yes _____no

If "yes," date of initial contact:_____

34. If yes, name and telephone number of EEO Counselor

35. Have you filed a formal complaint of discrimination? _____yes _____no
If "yes," date filed:_____

36. Have you received the Report of Investigation? _____yes _____no

37. Have you requested an EEOC hearing? _____yes _____no. If "yes," date hearing requested:_____

38. Have you received an EEOC Acknowledgment Order _____yes _____no. If "yes," date _____
39. Has a hearing date been set? _____yes _____no. If " yes,"
Date of Hearing:_____
40. Have you received a decision from the EEOC administrative Judge? _____yes _____no
41. What was the result or current status of your EEO complaint?_____
- _____
- _____
42. If you received a proposed disciplinary or adverse action, did you present an oral or
written reply? _____yes _____no. If "Yes," date reply
submitted:_____
43. Have you filed an appeal with the Merit Systems Protection Board? _____yes _____no
If "yes," date appeal filed:_____
44. Has an MSPB administrative Judge been assigned to your case yet? _____yes _____no
45. Describe the status of your MSPB appeal?_____
- _____
46. Did you appeal this action to any other agency or organization? _____yes _____no
If your answer was "yes," please describe:_____
- _____
47. Are you alleging a breach of a settlement Agreement? _____yes _____no. If "Yes,"
please
describe:_____
- _____
48. Have you ever declared bankruptcy or are you planning to do so _____ yes _____no
_____maybe
49. Have you consulted with any other attorneys concerning the matter you are here to see
us about? _____yes _____no.
If "yes," with whom have you consulted?_____
50. Are you currently represented in this matter by any other attorney? _____yes _____no.

Name of current attorney: _____

Briefly describe why are seeking to obtain a new attorney:

51. Who referred you to this law firm? _____

52. What do you want to accomplish through an attorney? _____

53. Are you aware of any kind of deadline with respect to your need for legal advice or representation? If so, please explain briefly.

I understand that I am here for an initial consultation only and that Joshua F. Bowers, P.C, or any of its attorneys, has not undertaken to represent me until a written agreement is entered into by me and the firm.

Signature: _____

Date: _____