



NEW CLIENT – EMPLOYMENT CLAIM

YOUR PERSONAL INFORMATION

Name: _____

Address: _____

Cell Phone No.: _____ Alternate phone No.: _____

Email Address: _____

Date of Birth: _____

Primary Language: _____ Need Interpreter? _____

Emergency contact (Name, Relationship, Cell Phone) _____

How were you referred to us? _____

Are you currently represented by an attorney? If so, please state their name,
phone number, and address: _____

EMPLOYER'S INFORMATION

Name, address, phone and email address of your employer: _____

Please state the name of your supervisor(s): _____

When were you hired? _____ When was your last day of work? _____

Please state your job title and duties: _____

DESCRIPTION OF CLAIM

Briefly, please describe the problem you're having with your employer: _____

Please state the name, address, and phone number of all witnesses you believe have information that can support your claim: _____

Please provide copies of all documents that you believe support your claim, including but not limited to correspondence, email, texts, time cards, journals, diaries, reports, etc.

DAMAGES

How much did you make: \$_____ /hr/mo/yr Hrs/day _____ Hrs/wk _____

Did you receive overtime wages? _____ Did you receive meal/rest breaks? _____

Please state the date when you began losing wages: _____

If you have sought treatment to deal with your problems at work, please state the name, address, and phone number of all health care providers you have seen:

Please state the medical expenses you have incurred from each provider arising out of your problems at work: _____

Send completed form to newclientinfo@ghitterman.com or bring with you day of apt.