

EMPLOMENT LAW ONLINE INTERVIEW FORM

(Complete Form and Fax to 973-802-1055)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ MARITAL STATUS: _____

EMPLOYER YOU THINK YOU HAVE A CLAIM AGAINST: _____

EMPLOYER ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

WAGES: PER HOUR: _____ WEEKLY WAGE: _____

WHEN WERE YOU HIRED BY THIS EMPLOYER? _____ WERE YOU TERMINATED OR DISCIPLINED
BY THIS EMPLOYER? _____

HARASSED OR TREATED DIFFERENTLY THAN OTHER EMPLOYEES? _____
WHEN? _____

WHY DO YOU THINK YOUR EMPLOYER'S ACTIONS WERE ILLEGAL? _____

DO YOU UNDERSTAND THAT YOU WILL BE REQUIRED TO PAY A CONSULTATION FEE TO THE ATTORNEY YOU
MEET WITH? _____ DO YOU UNDERSTAND THAT BY MEETING WITH YOU FOR A CONSULTATION
OXFELD COHEN PC IS NOT NECESSARILY AGREEING TO REPRESENT YOU OR ACT AS YOUR
LAWYER? _____

THANK YOU FOR YOUR INQUIRY. AN ATTORNEY FROM OUR OFFICE WILL CONTACT YOU AS SOON AS
POSSIBLE.