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## INITIAL CONSULTATION QUESTIONNAIRE (CONFIDENTIAL)

### PLEASE PRINT

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

(City) (State) (Zip)

What is your age? \_\_\_\_\_ Date of birth \_\_\_\_\_

3. Home Phone ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Office Fax: ( ) \_\_\_\_\_ E-Mail : \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Home Fax: \_\_\_\_\_

4. Who referred you to our law firm? \_\_\_\_\_

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

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_  
Street

City State Zip

c. Date of hire: \_\_\_\_\_

d. Your position: \_\_\_\_\_

e. Salary: \_\_\_\_\_ Grade / Step: \_\_\_\_\_ / \_\_\_\_\_

f. Immediate Supervisor: \_\_\_\_\_  
Name Title

6. 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:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip County

c. Date of hire: \_\_\_\_\_

d. Your position: \_\_\_\_\_

e. Salary: \_\_\_\_\_ Grade / Step: \_\_\_\_\_ / \_\_\_\_\_

f. Immediate Supervisor: \_\_\_\_\_  
Name Title

g. Date of termination or resignation: \_\_\_\_\_

**\*\*\*NOTE: All of the following questions concern the employer/agency with whom you had the employment problem**

7. How long were you (or have you been) employed by this employer/agency?

\_\_\_\_\_

Specific Date of Hire: \_\_\_\_\_

8. Have you been terminated? \_\_\_\_\_ Date Notified: \_\_\_\_\_

b. Effective Date of Termination \_\_\_\_\_

c. Demoted? \_\_\_\_\_

d. Suspended? \_\_\_\_\_

e. Denied promotion? \_\_\_\_\_

f. Not selected for a job you applied for? \_\_\_\_\_

g. Other? \_\_\_\_\_

9. What was the stated reason(s) for the above action(s)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. What is the name of the person who notified you of the adverse decision?  
 \_\_\_\_\_
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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. If federal or DC employee, what is your service computation date?  
 \_\_\_\_\_
15. 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:

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c. Age discrimination: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ maybe

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

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

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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?

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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. a. Have you filed a complaint of discrimination with the EEOC?  
           \_\_\_\_\_yes          \_\_\_\_\_no          Date Filed:\_\_\_\_\_
- b. Date of charge filed with any other agency\_\_\_\_\_
- c. What is the status of your complaint \_\_\_\_\_
25. Date (if applicable) of Determination Letter from EEOC \_\_\_\_\_
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? \_\_\_\_\_yes \_\_\_\_\_no
- d. Do you have a copy of the union contract? \_\_\_\_\_yes \_\_\_\_\_no
- e. Have you filed a grievance under the union contract concerning the matter you are here to see us about? \_\_\_\_\_yes \_\_\_\_\_no
- 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. Have you discussed your complaint with an EEO Counselor? \_\_\_\_\_yes \_\_\_\_\_no
- If "yes," date of initial contact: \_\_\_\_\_
31. If yes, name and telephone number of EEO Counselor:  
 \_\_\_\_\_
32. Have you filed a **Formal** complaint of discrimination? \_\_\_\_\_yes \_\_\_\_\_no  
 If "yes," date filed: \_\_\_\_\_
33. Have you received the Report of Investigation? \_\_\_\_\_yes \_\_\_\_\_no  
 If yes, what is the date when you received the Report of Investigation: \_\_\_\_\_
34. Have you requested an EEOC hearing? \_\_\_\_\_yes \_\_\_\_\_no. If "yes," date hearing requested: \_\_\_\_\_
35. Have you received an EEOC Acknowledgment Order \_\_\_\_\_yes \_\_\_\_\_no. If "yes," date \_\_\_\_\_

36. Has a hearing date been set? \_\_\_\_\_yes \_\_\_\_\_no.  
If "yes," Date of Hearing:\_\_\_\_\_
37. Have you received a decision from the EEOC Administrative Judge? \_\_\_\_\_yes \_\_\_\_\_no
38. What was the result or current status of your EEO complaint?\_\_\_\_\_
- 
39. If you received a proposed disciplinary or adverse action, did you present an oral or written reply? \_\_\_\_\_yes \_\_\_\_\_no. If "Yes," date reply submitted:\_\_\_\_\_
40. Have you filed an appeal with the Merit Systems Protection Board? \_\_\_\_\_yes \_\_\_\_\_no  
If "yes," date appeal filed:\_\_\_\_\_
41. Has an MSPB Administrative Judge been assigned to your case yet? \_\_\_\_\_yes \_\_\_\_\_no
42. Describe the status of your MSPB appeal?\_\_\_\_\_
- 
43. Did you appeal this action to any other agency or organization? \_\_\_\_\_yes \_\_\_\_\_no  
If your answer was "yes," please describe:\_\_\_\_\_
- 
44. Are you alleging a breach of a Settlement Agreement? \_\_\_\_\_yes \_\_\_\_\_no.  
If "Yes," please describe:\_\_\_\_\_
- 
45. Have you ever declared bankruptcy or are you planning to do so \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_maybe
46. 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?\_\_\_\_\_
-

47. 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:

\_\_\_\_\_  
\_\_\_\_\_

49. Briefly describe your main complaint that you want to discuss with a lawyer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

50. What do you want to accomplish through an attorney? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51. 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: \_\_\_\_\_