Dear Sir or Madam:

Thank you for your interest in our legal services.

1. WHY WE USE A QUESTIONNAIRE

Every day we receive a large volume of telephone inquiries regarding employment problems. It is impossible to schedule appointments with everyone who calls us. Moreover, we are very selective in deciding which cases to accept. Over the years, we have found that a questionnaire is an efficient tool to help us decide which cases to handle. We ask that you print or download the applicable questionnaire and mail it to our firm along with copies of any supporting documentation. Please be advised that we do not handle any employment cases outside of California. We will therefore respond only if you are/were employed in California.

Our reviewing your questionnaire does not mean that we have agreed to act as attorney/s for you. If we believe we can help with your employment problem after looking over your responses, we will send you a letter asking that you schedule an appointment with us.

If, following our examination of your questionnaire, we believe we cannot help, we will notify you of our decision in writing. We will try to refer you to other attorneys, government agencies, or community organizations that may be helpful. You may expect a response from our office approximately two weeks after we receive your completed questionnaire.

2. HOW YOU CAN MAKE YOUR RESPONSES HELPFUL

To assist us in evaluating your questionnaire, please keep in mind that your responses should state facts. Your speculations, opinions, and beliefs are valuable only to the extent that they are supported by facts. Words like "discrimination," "harassment," and "stress" mean nothing without a factual description of what has actually occurred.

We ask that you tell us precisely what you wish to accomplish. Be realistic in your goals, but, at the same time, be honest and forthright with us about your expectations.

Please do not send any documents at this time other than your responses to the questionnaire, copies of any discrimination charge or Right-to-Sue letter, and/or copies of any decisions rendered in an administrative setting such as an unemployment hearing or union grievance. These materials will be sufficient for us to determine whether a personal consultation will be helpful.

3. HOW WE EVALUATE CASES: TWO PERSPECTIVES

We evaluate employment grievances from two different perspectives. We first consider whether we can assist you in negotiating a settlement with your employer or former employer within a reasonable time period, without court action. We also make a determination as to whether we can represent you in a lawsuit.
If we agree to accept your case for negotiation purposes only, you will be asked to pay us a retainer fee. The amount of the retainer will vary, depending on the facts of your case. Our contract with you generally will provide that we are entitled to receive an additional fee upon settlement, usually a percentage of the total monetary settlement. Before we make a settlement proposal, we will ask you to give us authority to settle your claim on specific terms, such as a specific sum of money. If no resolution has been reached within a reasonable time, generally sixty to ninety days, we will then review the situation with you, including any information gathered during negotiations, and advise you of the rights and the options available to you. If we decide it is not appropriate for this office to take further action, we will recommend other counsel to you. In that event, you will not be responsible for any fees other than the initial retainer.

If we accept a case for litigation (that is, we agree to file a lawsuit), after we have filed your lawsuit we normally require a minimum retainer and a percentage of any amount obtained on your behalf, whether by settlement or court award at trial. You are required to pay the costs of litigation (that is, expenses other than our fees, such as court filing fees, court reporter fees, computer time, etc.) as they are incurred. We cannot carry any accounts on a "past due" basis.

Bear in mind that if we accept your case for negotiation or litigation purposes, we do not guarantee the outcome.

Please also remember that your response to this questionnaire is a confidential communication for our review only. We will not disclose it to anyone without your authorization, and you should not disclose it to anyone without consulting an attorney. We look forward to the opportunity to evaluate your employment case.

Very truly yours,

ALLRED, MAROKO, & GOLDBERG

Gloria Allred

Enclosure
Confidential

SEXUAL HARASSEMENT QUESTIONNAIRE
(Please Print)

Personal Information

Name: ___________________________ Date: __________________
Address: ___________________________________________________________
City: __________________________          Zip Code:  ______________________
Home phone: (      ) ________________      Work Hours:  _____________________
May we call you at work?__________ Work Phone: (       ) ____________________
Sex:______ Date of Birth:___________       Marital Status: ___________________
Social Security No.: ___________________________

Person to Contact If You Cannot Be Reached:
Name:__________________________ Phone: (        )  _____________________
Are you currently employed?  __________________________________________
Name of Current Employer: ___________________________________________
Starting Date:  ________________ Present Position:_______________________
Salary:__________________  Per:   _____________________

Please enclose a resume, if you have one.

Have you been involved in legal action before? If so, briefly describe:
___________________________________________________________________

Who referred you to us?  _____________________

Nature of Dispute

1.  Name of Employer:    _____________________
    Address: __________________________________________
    City:_____________________  Zip Code: _______________

2.  Type of Business:  __________________________________

3.  Number of Employees: _______________________________

Your Information

4.  What date did you begin employment? ______________________________
    Position at Time of Hire: _______________________________
5.  Do you still work for this company? _______________________________
    a) If not, why did you stop working there?__________________
    b) When did you stop working there?______________________
    c) If terminated, when were you informed of your termination? ______________
    d) If you resigned, explain why: __________________________
6. What is the last position (job title) you held? ________________________________
   a) What is the last salary you had? ________________________________
   b) Name and Job Title of Your Last Supervisor: ________________________________

SPECIFICS REGARDING THE SEXUAL HARASSMENT:

7. Who sexually harassed you? _______________________________________________
   Was this person a coworker, supervisor, manager, director, vice president, president,
   owner, principal, customer or other? _______________________________________
   _______________________________________________________________________

8. During what time period were you sexually harassed (dates)?
   From: ____________________________ To: ____________________________

9. Briefly describe the conduct which you believe to be sexual harassment: (Note: If you have
   prepared a history/chronology of events, please attach a copy.)
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

COMPLAINTS ABOUT THE SEXUAL HARASSMENT:

10. Did you complain to anyone about the sexual harassment?
    a) If so, when did you complain (date)? ________________________________
    b) Did you complain verbally and/or in writing? _____________________________
    c) To whom did you complain (name and job title): _____________________________
    d) If not, why not?
    _______________________________________________________________________
    _______________________________________________________________________

11. What action, if any, did this person take in response to your complaint?
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

12. Do you know whether any others had previously complained about the same person? If so,
    who and when?
    a) What action, if any, did the employer take with respect to this prior complaint?
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

IF TERMINATED:

13. What reason did the employer give for this action?  
____________________________________________________________________________

14. Do you agree with the reason? ________________________________________________
   a) If not, why not?  _________________________________________________________
   b) What do you believe was the real reason? _____________________________________
   c) Do you feel you were treated differently from other employees in similar circumstances?
      If so, briefly describe:
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________
      _______________________________________________________________________

Other Information Regarding Your Employment:

15. Did you have a written employment contract? ________ (If so, please attach a copy.)
16. Are you a member of a union? _______ If so, what is the name of the union and the local?
   a) Have you filed a union grievance? _______ When? ________
      What happened? _____________________

17. Does this employer have written personnel policies regarding sexual harassment or an
    employment handbook? _________ Do you have copies? ________________

18. Did you receive written performance evaluations? _______________________________
   a) Do you have copies? ________________________________

19. Have you received any commendations, letter, or memos telling you that you were doing a
    good job? _____________ Do you have copies? _____

20. Have you received disciplinary action(s), suspension(s), or warning(s) of poor performance?
    If yes, briefly explain, giving dates: ____________________

21. Have you ever been discharged or asked to resign from employment before? If so, please
    describe:
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

23. Have you filed a charge of discrimination with the California Department of Fair Employment and Housing? _____When?_______ Charge No: ______________

24. Do you have a copy of your charge? _____ If so, please attach a copy. (If not, you would be best advised to obtain one.)

25. Is your charge currently under investigation? _____ By which agency?________ Name of Investigator:______________________________________________

26. If the agency completed its investigation of your charges, was there a formal determination or finding?________ If you have a copy, please attach. If not, briefly describe:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

27. Have you received a "Right-to-Sue" letter? _______From which agency? ______________
What is the date of the letter(s)? _______ If you have a copy, please attach.

28. If terminated have you applied for unemployment benefits?___(a) When? ____ Result? 
(b) Did anyone appeal the initial decision of the unemployment office?_____If so, who appealed?________________________
(c) Was a hearing held before a Judge? _____When ? _____ (d) Has there been a decision? In whose favor? _______Do you have a copy of the decision?_______If so, please attach.

29. Have you filed a claim for Worker's Compensation benefits as a result of your dispute? 
_________ When? ___________ Result? __________________

   a) Did you hire an attorney to represent you in your Worker's Compensation claim? If so, what is his/her name? ______________________________

30. If you were denied benefits under Worker's Compensation, what reason was given?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
31. Have you examined your personnel file? ____ Were you denied access to your file? ____
   If so, briefly explain. State any fact(s) of importance contained in or missing from the file.

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

Financial and Emotional Effects of the Dispute

32. Describe the effect of your discharge or other action on your gross income; medical or
    pension benefits; profit sharing; or other financial impact:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

33. Describe the effects of your discharge or other action on your health and/or personal life,
    family relations, and opportunities for other employment:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

34. Have you sought any medical treatment or counseling because of your employment
    problem? ____ If so, briefly describe:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

35. Has any health care provider certified that you are temporarily or permanently
    disabled? ____ If so, briefly describe:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________
MISCELLANEOUS INFORMATION:

36. Do you want us to consider representing you for settlement negotiations as described in the cover letter accompanying this questionnaire? ______________________________

37. Have you seen any other attorneys about your current dispute? Who did you see and what was the result?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
If you have hired another attorney, what is your financial arrangement?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

38. Is there a lawsuit pending on this same dispute? Give brief description of the facts/theories alleged and the date and place the lawsuit was filed (attach a copy of the Complaint):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

39. If we accept your case, what do you hope to accomplish? Monetary damages? ________
Employment?_____ Letter of Reference? _______ Other? _______________________

40. Please add any other information you think is pertinent, using additional pages if necessary.
(Please write on one side only.)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please read carefully, date and sign below:

I am submitting this questionnaire and attachments for review by the law offices of
ALLRED, MAROKO, & GOLDBERG (AM&G). I understand that:

1. The submission of information is for review only. AM&G is not my attorney unless and until a formal, written Retainer Agreement is signed both by myself and by a member of the firm.

2. No decision has yet been made on whether AM&G will take my case and there is no guarantee that AM&G will accept my case at all.

3. Further information may be requested in order for AM&G to reach a decision.
4. It takes time to review the material submitted and to make any reply or decision.

5. AM&G will attempt to respond in writing to my questionnaire and request for representation as soon as possible. If I do not hear from AM&G within four weeks, I will assume AM&G is not in a position to handle this case and I will take steps to locate other counsel.

6. There are time limits involved in legal proceedings. If those time limits pass, certain rights may be lost and/or otherwise affected.

7. The time within which a charge of discrimination must be filed with the United States Equal Employment Opportunity Commission is 300 days from the claimed unlawful act. The time limit to file a charge of discrimination with the California Fair Employment and Housing Department is 365 days from the claimed unlawful act. Generally, the time to file other employment related claims in court is one year from the date of harm, e.g., termination, demotion or transfer. Filing with a government agency may not affect the time limit within which to file in court.

_____________________________  Date ________________________________

Signature of Applicant