

**Dwyer Barrett L.L.C.**  
**Intake Form**

Please complete this form to the best of your ability and send it to [intake@dwyerbarrett.com](mailto:intake@dwyerbarrett.com).

First Name

Last Name

Home Address

Address Line 2

City

State/Province/Region

Postal/Zip Code

Country

Email Address

Phone

Date of Birth

Name of Employer

Employer's Address

Address Line 2

City

State/Province/Region

Postal/Zip Code

Country

How long with this employer?

Job Title

Salary

Did you have an employment contract?                      Yes                      No

Were you a member of a union?                      Yes                      No

Date of most recent adverse action by employer

Does your claim arise out of any of the following?

You were fired, laid off or involuntarily terminated

You were harassed on the job

You were denied a job or refused a promotion or a salary increase

You were denied an accommodation for a handicap/disability

You were treated unfairly in some other fashion.

What type of action was taken?

Retaliation

Age Discrimination

Sex/gender Discrimination

Race/national origin Discrimination

Physical or Mental Handicap/Disability

Religious Discrimination

Sexual Orientation

Marital or Family Status

Family Medical Leave

Breach of Contract

Where did you hear about us?

On-line search engine

Print Advertisement

Word of mouth

Yellowbook/phone pages

Other

Thank you for filling out our intake form! Please send it to us at  
[intake@dwyerbarrett.com](mailto:intake@dwyerbarrett.com).