**INTAKE QUESTIONNAIRE**

To allow us to evaluate your claim accurately, please complete as much information as you can below. Skip any sections that do not apply to you. If unsure, leave it blank. **Please email the completed form to intake@awlawohio.com.** Once returned, we will have an attorney get back in touch with you.

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| **DEMOGRAPHIC INFORMATION (EVERYONE COMPLETES)** | | | | | |
| **Full Name of Client or Parent of Client:** |  | | | | |
| **Student/Child’s Name:** |  | | | | |
| **Address:** |  | | | | |
| **City, State, Zip** |  | | | | |
| **Phone:** |  | | | | |
| **Email:** |  | | | | |
| **Referred to Us From?** |  | | | | |
| **\*\*Jump to the appropriate BLUE section below\*\*** | | | | | |
| 1. **GRADES K-12 SPECIAL EDUCATION MATTERS** 2. **GRADES K-12 STUDENT SUSPENSION/EXPULSION** 3. **COLLEGE CODE OF CONDUCT /ACADEMIC MISCONDUCT** 4. **EMPLOYMENT MATTERS** 5. **DEPARTMENT OF EDUCATION OR OTHER LICENSURE MATTERS** 6. **CRIMINAL DEFENSE OR TRAFFIC** 7. **SMALL BUSINESS** 8. **WILLS AND POWERS OF ATTORNEY** | | | | | |
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| 1. **GRADES K-12 SPECIAL EDUCATION MATTERS (IF APPLICABLE)** | | | | | |
| **Name of Child:** | |  | | | |
| **Age and Grade of Child:** | |  | | | |
| **Name of School and District:** | |  | | | |
| **Is your child on an IEP? (Y/N)** | |  | **If so, what is the disability category on the IEP?** | |  |
| **Do you believe your child *should be* on an IEP? (Y/N)** | |  | **Has your child been diagnosed by an outside (non-school) provider? (Y/N)** | |  |
| **Is your child on a Behavior Plan? (Y/N)** | |  | **If so, when was the Behavior Plan first implemented?** | |  |
| **Do you believe the school is providing services that they are supposed to under the IEP? (Y/N)** | |  | **If not, what do you believe is lacking (if you know)?** | |  |
| **Briefly describe what happened:** | | | | | |
| **Fees (office use only):** | | | |  | |
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| 1. **GRADES K-12 STUDENT SUSPENSION/EXPULSION (IF APPLICABLE)** | |
| **Name of Child:** |  |
| **Age and Grade of Child:** |  |
| **Name of School and District:** |  |
| **Name of school/district child is attending:** |  |
| **Has your child been disciplined? (Y/N)** |  |
| **If so, has a notice of suspension/expulsion been received? (Y/N)** |  |
| **If so, is a hearing scheduled or has one been held? (Y/N)** |  |
| **Date of scheduled hearing?** |  |
| **Is your child on an IEP or 504 Plan?** |  |
| **If so, what is the listed disability?** |  |
| **If not, do you suspect that your child should be on an IEP or 504 Plan?** |  |
| **Is your child in any of the following protected classes (see list below)? (Y/N)** |  |
| **Briefly describe what happened:** | |
| **Fees (office use only):** |  |
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| 1. **COLLEGE CODE OF CONDUCT /ACADEMIC MISCONDUCT**   **(IF APPLICABLE)** | | |
| **Student Name:** |  | |
| **Grade/Year:** |  | |
| **Name of College/University:** |  | |
| **Code of Conduct or Academic Misconduct?** |  | |
| **Has a Notice of Charges Been Issued? (Y/N)** |  | |
| **If So, List the Charges** |  | |
| **If so, is a hearing scheduled or has one been held? (Y/N)** |  | |
| **Date of scheduled hearing?** |  | |
| **Does this involve alleged sexual misconduct (assault, harassment, stalking, dating violence)?** |  | |
| **Do you suffer from any disabilities? (Y/N) Which one(s)?** |  | |
| **Briefly describe what happened:** | | |
| **Fees (office use only):** | |  |
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| 1. **EMPLOYMENT MATTERS (IF APPLICABLE)** | | | | | | | | |
| **Name of employer?** | | |  | | | | | |
| **Do you have a written employment contract?** | | |  | | | | | |
| **How long have you worked there?** | | |  | | | | | |
| **Title or Position Held?** | | |  | | | | | |
| **Are you the subject of a current investigation? (Y/N)** | | |  | | | | | |
| **In any of the following protected classes (minority race, female, pregnant, age 40+, disabled, foreign nationality)? (Y/N and which one?)** | | |  | | | | | |
| **Were you subjected to an adverse employment action (demotion, suspension, termination)?**  **(Y/N and which one?)** | | |  | | | | | |
| **Date of adverse action (e.g. suspension, termination)?** | | |  | | | | | |
| **Reason stated by employer for the adverse action (e.g. reason for termination)?** | | |  | | | | | |
| **Do you believe this was the real reason for termination/suspension? (Y/N)** | | |  | | |  | | |
| **If no, what do you believe was the real reason for termination/suspension?** | | |  | | | | | |
| **Were you evaluated? (Y/N)** | |  | | | **When last?** | |  | |
| **Did you receive the evaluations? (Y/N)** |  | **If so, how were you rated, roughly (poor/good/excellent)?** | | | | | |  |
| **Do you have a noncompete agreement?**  **(Y/N)** |  | **Do you want to continue to work there (or go back if terminated)?**  **(Y/N)** | | | | | |  |
| **Briefly describe the situation:** | | | | | | | | |
| **Fees (office use only):** | | | |  | | | | |
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| 1. **DEPARTMENT OF EDUCATION OR OTHER LICENSURE MATTERS**   **(IF APPLICABLE)** | | |
| **Name of employer?** |  | |
| **How long have you worked there?** |  | |
| **Title or Position Held?** |  | |
| **Name of licensing agency (Ohio Dept. of Education)?** |  | |
| **Are you the subject of a current investigation by the licensing agency (Ohio Department of Education)? (Y/N)** |  | |
| **Are you still employed? (Y/N)** |  | |
| **Have you been notified in writing of an investigation?** |  | |
| **Briefly describe the situation:** | | |
| **Fees (office use only):** | |  |
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| 1. **CRIMINAL DEFENSE OR TRAFFIC**   **(IF APPLICABLE)** | | | |
| **Charge or Citation?** | |  | |
| **Date of Occurrence?** | |  | |
| **Name of Court/County?** | |  | |
| **Case Number?** | |  | |
| **Prior Charges or Citations? (List)** | |  | |
| **Upcoming Hearing Dates?** | |  | |
| **Have you met with an investigator or detective?** |  | | |
| **Briefly describe the situation:** | | | |
| **Fees (office use only):** | | |  |
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| 1. **SMALL BUSINESS (IF APPLICABLE)** | | |
| **Business Name or Potential Business Name:** |  | |
| **Briefly describe what services you need:** | | |
| **Fees (office use only):** | |  |
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| 1. **WILLS AND POWERS OF ATTORNEY (IF APPLICABLE)** | | |
| **Name of Person(s) Who Need Wills Drafted?** |  | |
| **Need Power of Attorney?** |  | |
| **Briefly describe what services you need:** | | |
| **Fees (office use only):** | |  |
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**Please email the completed form to intake@awlawohio.com.**