

SUSSMAN & WATKINS

-Attorneys at Law-

P.O. Box 1005 -55 Main Street-Suite 6

Goshen, NY 10924

Phone: (845) 294-3991

Fax: (845) 294-1623

Email: Sonnia@Frontier.com

INTAKE QUESTIONNAIRE (Please Print Clearly)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS: Home: _____

Cell/ Other: _____

E-MAIL ADDRESS: _____

AGE: _____

GENDER: Female ____ Male ____

NATIONAL ORIGIN: _____

TYPE OF COMPLAINT (check one): Employment ____ Police ____

Education ____ Consumer Rights ____ Gov't Misconduct ____ Other ____

(If "other," please briefly explain the nature of your complaint in one or two sentences:

_____)

NARRATIVE (please identify below the specifics of your complaint):

WHO IS COMPLAINT AGAINST: _____

WHAT IS YOUR COMPLAINT (attach *one* more sheet if necessary): _____

WHERE COMPLAINT ARISE: _____

WHEN WRONGFUL ACTION(S) OCCUR: _____

WHY DO YOU BELIEVE ACTION(S) UNLAWFUL: _____

WHAT ARE YOUR INJUERIES/DAMAGES: _____

ANY HELPFUL WITNESSES (Identify who and *briefly* why helpful): _____

HAVE YOU TAKEN LEGAL ACTION YET: Yes _____ No _____

If "Yes" please describe: _____

Please mail, email, fax or drop off this form to our office as soon as possible. We will try to contact you within two weeks of receipt of your intake information.

NAME _____ DATE _____