

**JOYCE F. GLUCKSMAN, P.C.**

Park Central, Suite 950  
2970 Clairmont Road  
Atlanta, Georgia 30329  
404-633-5579 voice  
404-636-8711 facsimile  
[joy@joycefglucksman.com](mailto:joy@joycefglucksman.com)

In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

**PRELIMINARY INTAKE**

Date: \_\_\_\_\_ Referred by \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address (not P.O. Box): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Spouse or Partner's Name: \_\_\_\_\_  
Cell Phone/Pager: \_\_\_\_\_ Spouse or Partner's Employer \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Spouse or Partner's Work Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
E-Mail Address (home) \_\_\_\_\_ E-mail Address(work) \_\_\_\_\_  
=====

Department and Agency: \_\_\_\_\_  
Division/Activity/Unit/: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Second Level Supervisor: \_\_\_\_\_  
Person taking action against you: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Series & Grade: \_\_\_\_\_ Job Location & Shop/Bldg : \_\_\_\_\_

**Type of Case:** Proposed or Removal; Suspension; RIF; Non-selection/promotion; PIP  
(Performance Written Reprimand or Suspension of 14 days or less,  
Discrimination (on what basis?); Harassment; Whistleblower; Security Clearance; Disability  
Retirement, Other, Note we do not handle Federal Worker's Compensation; Other \_\_\_\_\_

Description of Legal Services Required: \_\_\_\_\_  
Consultation Only: \_\_\_\_\_ Representation: \_\_\_\_\_ Do I have a case? \_\_\_\_\_ General advice? \_\_\_\_\_  
**Synopsis** of case situation: \_\_\_\_\_

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

Who has been treated more favorably than you. What is the difference between them and you?  
Provide names and positions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Names and Day, Cell Phone, and Evening Phone Numbers and Position of Possible Witnesses Who Have First Hand Knowledge of the Facts Surrounding the Complaint(not just what you told them):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statutes of Limitations: (Anything due now or shortly?) \_\_\_\_\_: Adverse Action - usually 7 - 14 days to respond orally or in writing \_\_\_\_\_; MSPB Appeal - 30 days from effective date \_\_\_\_\_; EEO case - 45 days from the incident to file informal complaint \_\_\_\_\_ :15 days from conclusion of counseling to file formal complaint \_\_\_\_\_; Grievance - depends upon union agreement or agency rules \_\_\_\_\_;  
Whistleblower Individual Right of Appeal - 60 days from Office of Special Counsel's final action \_\_\_\_\_; Unfair Labor Practice: 180 days from date of incident \_\_\_\_\_.  
If Your Case Was Not Filed Timely, Why Not: \_\_\_\_\_  
Are you covered by any Union agreements? If so, what Union? \_\_\_\_\_  
Damages: lost wages \$ \_\_\_\_\_, medical or psychological counseling bills \$ \_\_\_\_\_ prescription medications \$ \_\_\_\_\_ specific benefits such as life insurance or health insurance \$ \_\_\_\_\_, pension \$ \_\_\_\_\_ other expenses directly attributable to the employer's actions \$ \_\_\_\_\_.

---

---

### OFFICE USE ONLY

Advised of Consult Fee: Yes \_\_\_ No \_\_\_ Cost of Consultation \_\_\_\_\_:

Questionnaire Needed: Removal/Termination \_\_\_\_\_ Non-Termination General Intake \_\_\_\_\_  
EEO and Comp Damages forms \_\_\_\_\_; Consequential Damages \_\_\_\_\_:  
Referred to Web Page \_\_\_\_\_ Sent /Pickup Date \_\_\_\_\_:  
Appointment Scheduled:

(Following Questionnaire Return)

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Disposition \_\_\_\_\_ Any other Info: \_\_\_\_\_

Once you have completed the questionnaire, please fax to our office at (404) 636 8711