

the law office of

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**CASE REVIEW QUESTIONNAIRE**

The Case Review Questionnaire is designed to provide this office with the basic and essential information needed to review your matter. Completing this form and providing it to this office does not mean this office is representing you as legal counsel. The form will be reviewed by this office and you should receive some feedback within the near future. The completion of this form, and review of this information, by no means establishes an attorney/client relationship between yourself and this office. This relationship can only be established after you and this office enter into a written attorney's fee agreement.

Please clearly write out the information requested below. If a question does not apply to you, leave it blank or write "N/A" in the space provided.

1. Personal and Family History

Full name \_\_\_\_\_

Current home address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cellular phone \_\_\_\_\_ Pager \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Your Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Place of birth \_\_\_\_\_ Date \_\_\_\_\_

Have you ever used any other date or place of birth? \_\_\_\_\_

If so, explain: \_\_\_\_\_

\_\_\_\_\_

3. Employer – Pay Information

**Employer's Name:** Corrections Corporation of America

Name and Address of CCA facility where you work(ed):

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

Date you started working there: \_\_\_\_\_

Your last day working there (if applicable): \_\_\_\_\_

Your job title (s) while working there:

Estimated number of employees at your facility on all shifts with the same job title or function as you: \_\_\_\_\_

Immediate Supervisor's Name & Title \_\_\_\_\_

Beginning pay rate \$ \_\_\_\_\_/hour

Ending (or current) pay rate \$ \_\_\_\_\_/hour

Average number of hours you work per week: \_\_\_\_\_

How were your work hours recorded?

Time clock       Recorded on computerized system  
 Recorded on handwritten paper     Other

If "Other," please describe:

Overtime pay:

On the occasions where CCA paid you overtime, was it paid to you at time and a half? \_\_\_ Yes \_\_\_ No

Shift Times:

How many hours do you work on a shift: \_\_\_\_\_/hrs. per shift.

How many shifts do you work per week: \_\_\_\_\_/shifts per week.

Before your shift starts and you clock in, are you required to be present at work (examples: any pre-shift meetings, briefings or roll calls, or just had to be there early)?  
\_\_\_ Yes \_\_\_ No

If so, on average, how many minutes are you required to be at work before your shift starts: \_\_\_\_\_ minutes.

At the end of your shift, and after you are considered clocked-out, do you have to remain performing any work tasks where you were not paid for this time?  
\_\_\_ Yes \_\_\_ No

If so, on average, how many minutes are you required to remain at work for this briefing? \_\_\_\_\_ minutes

Breaks: While working during a shift, are you permitted to take any breaks?  
\_\_\_ Yes \_\_\_ No

If so, how many breaks were allowed during your shift? \_\_\_\_\_

What was the length of time for an average break? \_\_\_\_\_ minutes

Did you clock-out for your break times? \_\_\_ Yes \_\_\_ No

Were you regularly able to take any break times? \_\_\_ Yes \_\_\_ No

Time Keeping Policies:

We have learned that at some CCA facilities, corrections officers and other employees may clock in several minutes before their shift and clock out several minutes after their shift. However, when their pay is calculated, it only shows that they worked a 8 hour shift and they were not paid for these minutes of work. Does this type of practice occur at your facility?

Yes  No

Were you required to attend any madatory meetings at work, but you were off the clock and not paid?  Yes  No.

Were you ever required to stay after a shift and complete any reports or paperwork where you were off the clock?  Yes  No.

Are there any other instances where you are required to be present at work, but are not getting paid for that time?  Yes  No. If so, please explain:

4. How did you Learn About this office: Please describe how you learned to contact this office for review of your matter (such as referral, advertisement, internet search, etc...).

Thank you for completing this information. Please sign and date below.

I hereby state that the above information that I have provided is true and correct to the best of my knowledge and belief.

Possible Client's Signature

Date