

the law office of

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**ENERSYS**  
**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 Information

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

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

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

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

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

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

2. Work / Pay Information

Location of Enersys Plant where you work(ed):

City \_\_\_\_\_ State \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief Description of job duties:

Dates of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

How many shifts do you work during a work week? \_\_\_\_\_ shifts

How long is each shift in length? \_\_\_\_\_ hours

Are you paid overtime for hours worked in excess of 40?  Yes  No

If so, are you paid 1.5 overtime rate of pay?  Yes  No

3. Pre / Post Shift Work:

Prior to performing your job, do you have to put on any protective gear/clothing?

Yes  No

If “Yes,” please describe this gear/clothing:

If “Yes,” are you paid for the amount of time it takes to put on this gear/clothing?

Yes    No

If you have to put on protective gear/clothing, do you clock in before you begin putting on this gear/clothing?

Yes    No

On average, how long does it take you to put on this gear? \_\_\_\_\_ minutes

At the end of your shift, do you have to remove the same protective gear/clothing?

Yes    No

If “Yes,” are you paid for the amount of time it takes to remove this gear/clothing?  Yes    No

On average, how long does it take you to remove this gear? \_\_\_\_\_ minutes

If you have to remove the same protective gear/clothing, do you clock out before you begin removing this gear/clothing?

Yes    No

At any time during your shift, are you required to perform any washing or showering of your body in any fashion?  Yes    No

If “Yes,” are you paid for the amount of time it takes to wash/shower?

Yes    No

On average, how long does it take you to wash/shower? \_\_\_\_\_ minutes

4. Meal Breaks:

At any time during your shift, are you permitted to take any meal break that is greater than 15 minutes in time?  Yes  No

If "Yes," how long is this meal break? \_\_\_\_\_ minutes

If "Yes," are you paid for this meal break time?

Yes  No

Prior to your meal break, are you required to remove any work clothing/gear?

Yes  No

If "Yes," how long does this take? \_\_\_\_\_ minutes

Prior to your meal break, are you required to wash/shower?

Yes  No

If "Yes," how long does this take? \_\_\_\_\_ minutes

If you are required to wash/shower and/or remove any work clothing/gear before meal breaks, must this be done in the time given for meal break as indicated above?

Yes  No

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