

DOUGLAS, LEONARD & GARVEY, P.C.

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**NEW HAMPSHIRE WRONGFUL TERMINATION/DISCHARGE
CHECKLIST**

I. General Information

Your Name _____ Date of Birth: _____

Address _____

Home Phone Number _____ Work Phone Number: _____

Marital Status: _____

E-Mail Address: _____

Your Social Security Number: _____

Current Employer: _____

Work Address: _____

Length of Time With Employer: _____

II. Employer _____

Your Job Title _____

Date You Were Hired _____

Your Salary/Pay _____

Did you have an Employment Contract? _____

Name of Your Supervisor(s) _____

Were you provided an Employee Handbook or Manual? _____

If so, do you have a copy? _____

How were you notified of your termination? _____

Who informed you that you were terminated? _____

Describe the facts of your termination/resignation: _____

What was the reason given to you for your termination? _____

What do you believe is the reason for your termination? _____

Prior to your termination/resignation, had you made any complaints or Reports to your supervisor or anyone at your employer about any matters connected or related to your termination/resignation? _____

What is your performance history (include any prior reprimands or Disciplinary action as well as your reviews or evaluations)? _____

If you have not obtained new employment since your Termination/
Resignation, have you been looking for a new job? _____

Describe your efforts to find a new job: _____

Have you sought any medical treatment for injuries related to your
Termination/resignation, including counseling? _____

Please describe any such treatment: _____

Name of Medical Providers or Counselors Seen for Condition: _____

Identify Current Medications Being Taken and When Prescribed: _____

III. DAMAGES

Your Employment After Your termination/resignation

After: Dates Position Earnings Rate of Pay

Have you applied for Unemployment Benefits since your termination/resignation? _____

Did you receive Unemployment Benefits? _____

Did your former employer object to your receiving Unemployment Benefits? _____

What reason did you state to the Department of Employment Security For your Termination/Resignation at the time you applied for Unemployment Benefits? _____

Return to:

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