

Quintilone & Associates
ENVIRONMENTAL QUESTIONNAIRE
PERSONAL AND CONFIDENTIAL

1. Name: _____ Date: _____
2. Home Address: _____
3. City: _____
4. Home Telephone: _____
5. Email: _____
6. Secondary phone (i.e. cell): _____
7. Alternate phone (i.e. work, pager, etc.) _____
8. Present Home Address (If different) _____
9. Person to contact if you are unavailable, Name: _____
10. Telephone: _____
11. Who referred you to our office? _____
12. Date of Birth: _____ Social Security Number: _____
13. Name of neighborhood, HOA, apartment complex, etc.: _____
14. Present Employer: _____
15. Type of Business: _____
16. Name & Address of employer: _____
17. City: _____ Zip Code: _____ Telephone: _____
18. Starting Date _____ Present Position: _____
19. What kind of problems did the residence have?
LIST ALL PLACES AND LEAKS. VISIBLE MOLD?

20. Who have you complained or reported these conditions to? _____

21. How long did the condition exist before reporting or repairing it? _____
19. Did you ever receive any reports, testing, information or warnings (oral or written) ?

20. If so, what did you receive, when, from whom, and what was said ? _____

21. Do you or any member of your household have any physical problems attributable to the environmental condition of the property?
Describe: _____

22. What medical professionals has you or your household treated with?

23. If you moved out or were told to move out of your home, did you ever make any complaint to anyone or make any attempt to straighten out the problem ? _____ if so, to whom did you speak when, what did you say and what was the outcome ?

24. Does the HOA or property manager (if applicable) have a grievance or complaint procedure ?

25. Before you contacted this office, did you file a complaint or grievance? _____
If so, when, to whom, and what happened ? _____

26. Were you contacted? _____

27. What are the name(s) and title(s) of each person who notified you regarding the complaint?

28. On what date were you notified? _____
When was your problem addressed? _____
When did the resolution of the problem actually become effective ? _____

29. To date has anything been resolved? _____

30. What reason was given by the HOA or property manager for no repair (or work) being made?

31. Name (s) of person(s) who gave you this reason: _____

32. What do YOU think was the REAL reason was? _____

33. Exactly what facts lead you to believe what the real reason was ? _____

34. What incident(s)/circumstance(s) triggered the environmental problems with the residence?

35. Was there an investigation of the incident(s)/circumstance(s) ? _____

36. What witnesses are favorable to you ? _____

37. What witnesses are unfavorable to you ? _____

38. Exactly what facts, in detail, lead you to believe that there was notice of the environmental problem before it resulted in harm to you or your household (give name, facts and events): _____

39. Did you report any misconduct or illegal conduct to either management or the public Authorities? _____

40. Did you file a complaint with: _____
City/County/SCAQMD? _____ When ? _____
Case Number: _____

41. Do you have a copy of your complaint ? _____
Copy enclosed ? _____

42. Since your problem, have you talked to anyone who still lives in the neighborhood?

If so give complete details (who, when, who said, etc.) _____

43. Since your problem has there any written communication between you and anyone who still works at the management company and/or HOA ? _____ If so, give the complete details(who, when, what) and attach copies of letters: _____

44. Since your problem, have you told anyone that you were thinking of taking legal action? _____ If so, who, when and what did you say ? _____

45. Since your problem , has any lawyer called or written or contacted in any way the company on your behalf ? _____ If so, when and What was said or written (enclose copies):

46. Do you still have friends who work with anyone involved with the HOA or management? If so, give their names, titles and home addresses and telephone numbers:

47. State the name, address and telephone number of each person who witnessed anything having to do with this matter, etc., other than those above: _____

48. Have you consulted any other attorneys about this matter ? _____
 Name(s) and telephone number(s)? _____

49. Have you ever filed any case or charges or made any claim against this potential defendant (other than anything stated above in this questionnaire)? _____

50. Have you ever filed any case or charges or made any claim against any HOA other than the HOA or management company against whom you are complaining here?

51. Other than anything described above, have you ever had a serious dispute with any HOA or management company? _____
52. Have you been involved in any legal dispute, insurance claim, accident claim, lawsuit or anything similar not described above? _____
53. How long have you been (or were you) out of work? _____

54. Describe each and every financial or monetary loss (besides loss of salary) which was caused by your problems described above, giving type of loss, amounts, etc.:

55. What is your present source of support? _____

56. Are you in any danger or defaulting on financial obligations? _____

57. Are you presently employed in a comparable position? _____
58. What other types of harm or loss has your situation caused you or your family? _____

59. What else has resulted from your problem(s) that you have not described above? _____

60. Have you sought medical, psychological, or other treatment or counseling as a result of your problems? _____

61. Present marital status: _____

62. Are you responsible for the care of any children or other family members ? _____

If so, who and what ages? _____

63. With whom do you live? _____

64. Animals? (Describe) _____

65. Have you discussed this complaint against your HOA or management company with your spouse or other family member or friends ? _____ If so, whom ? _____

66. If we accept a case for you, what do you hope to accomplish? _____

67. Is there any other information that you think is pertinent? _____

ISSUE SUPPORT LIST

DAMAGES Show all aspects of your damages to help accomplish our goal to cause our opponent to 1) **Emotion** understand your suffering 2) **Logically** agree that our demand is consistent and reasonable given your expressed damages. Identify all witnesses and attach all documents and bills to support your damage claims. Explain **FULLY** and give all details on **EACH** item. Do not just circle or check an item. Use other sheets to explain Everything. We will send these back to you if what you have stated is not completely clear.

A. Wage Loss:

1. Job search efforts: Resumes sent out _____, Interviews _____, Outplacement Services_____, Daily review of newspapers, hours spent daily searching for a job_____, All other efforts

2. Job search duration estimate: _____ Months. Explain reasons it will take so long: _____

3. Wages and benefits owing UP TO termination date: \$_____ Explain:_____

4. Future wage benefit loss FROM termination date. Fully explain each item.

Wage / Benefit	Former Job	New/ Anticipated job (Estimate)
a) Gross Monthly Wage		
b) Annual Sick Days		
c) Annual Paid Vacation		
d) Commission		
e) Bonus		
f) Medical Insurance		
g) Dental Insurance		
h) Insurance Deductible Amount		
i) Short/Long Term Disability		

