| initial consultation formThe williams law group, p.c.attorneys at law |
| --- |
| client Information  |
| **Date:** |
| **Full Legal Name**: First: Middle: Last: |
| Date of birth: | SSN: | Phone: |
| Cell Phone: |
| Email: |
| Current address: |
| City: | State: | ZIP Code: |
| May we send mail to this address? (circle one) **Y N** \*if No, please list alternate address below |
| Alternate Address: |
| **Reason for Seeking Legal Advice: (please check all that apply)**\_\_\_\_ Separation \_\_\_\_ Divorce \_\_\_\_ Domestic Violence \_\_\_\_ Pension Division\_\_\_\_ Visitation \_\_\_\_ Custody \_\_\_\_ Spousal Support \_\_\_\_ Property Distribution\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employment Information |
| Current employer: |
| Employer address: |
| Phone: | E-mail: |
| City: | State: | ZIP Code: |
| May we contact you at work: (circle one) Y N |
| Marriage information |
| Date of Marriage:  | Date of Separation: | Place of Marriage: |
| Do you want to revert to the use of your maiden name? Y N Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| children born of the marriage |
| Full Legal Name: First: Middle: Last: |
| Date of birth: | SSN: | Age: |
| Full Legal Name: First: Middle: Last: |
| Date of birth: | SSN: | Age: |
| opposing party/spouse Information |
| **Full Legal Name**: First: Middle: Last:  |
| Date of Birth: | SSN: |
| Email: | Phone: | Cell Phone: |
| Address: |
| City: | State: | ZIP Code: |
| other |
| Please list the name and address of any other party/parties involved in this matter |
| Name | Address |
|  |  |
|  |  |
| Have you retained the services of another attorney prior to this consultation? Y N |
| Have you consulted with another attorney prior to this consultation? Y N |
| How did you hear about The Williams Law Group, P.C.?\_\_\_\_ Raleigh Yellow Pages \_\_\_\_ Cary Yellow Pages \_\_\_\_ Smithfield Yellow Pages \_\_\_\_Internet\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Signatures |
| **The information I have provided is correct to the best of my knowledge and I understand that any false statements may affect my representations in the above matter. Further, I understand that completion of this form does not obligate either myself or The Williams Law Group, P.C., Attorneys at Law, to accept representation in the matter discussed.** |
| **Signature of client:** | **Date:** |

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| FOR office use only |
| Initial Consultation Completed by: |
| Fee Quoted: Retainer: \_\_\_\_\_\_\_\_\_\_ Trust: \_\_\_\_\_\_\_\_\_\_ Flat Fee: \_\_\_\_\_\_\_\_\_\_  |
| SNT: \_\_\_\_\_\_\_ Conflicts Entered By: \_\_\_\_\_\_\_\_\_\_\_ Call Back: \_\_\_\_\_\_\_\_\_\_ |
| **CREDIT CARD INFORMATION** |
| Master Card \_\_\_\_\_ Visa \_\_\_\_\_Discover \_\_\_\_\_\_ | Card Number:  |
| Expiration Date: | V Code: | Zip Code: |
| Billing Address: |