| 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:** | |

|  |  |  |
| --- | --- | --- |
| 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: | | |