

**INITIAL CONSULTATION FORM
THE 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: _____

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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 <input type="checkbox"/> Visa <input type="checkbox"/>	Card Number: _____	
Discover <input type="checkbox"/>	V Code: _____	Zip Code: _____
Expiration Date: _____		
Billing Address: _____		