

DOMESTIC CLIENT CONSULTATION QUESTIONNAIRE

PLEASE PRINT LEGIBLY (NOTE: *Not all questions will pertain to you or your situation. Complete only those questions pertinent to you.*) Please bring this completed form with you to your consultation or email it to jsmith@attorneysnc.com prior to your scheduled consultation.

Today's Date: _____

1. PERSONAL INFORMATION:

NAME: _____

ADDRESS _____

CITY, STATE AND ZIP CODE: _____

MAILING ADDRESS IF DIFFERENT _____

_____ Please initial here if we may contact you using this address. If not, please provide a secure mailing address and initial here _____ to confirm this address is secure:

EMPLOYER: _____

EMPLOYER ADDRESS (Including City, State and Zip):

TELEPHONE NUMBERS (**INCLUDING AREA CODE:**)

HOME: _____ WORK: _____

CELL: _____

_____ Please initial here if we may contact you using the above noted phone numbers. If not, please provide a secure phone number(s) and initial here _____ to confirm these numbers are secure:

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

GROSS MONTHLY SALARY (before taxes) _____

E-MAIL ADDRESS: _____

_____ Please initial here if we may contact you using the above noted email. If not, please provide a secure email address and initial here _____ to confirm this email address is secure:

2. (EX) SPOUSE'S OR OPPOSING PARTY'S PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

EMPLOYER: _____

EMPLOYER ADDRESS (Including City, State and Zip): _____

TELEPHONE NUMBERS (INCLUDING AREA CODE):

HOME: _____ WORK: _____ CELL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

GROSS MONTHLY SALARY (before taxes) _____

NAME AND ADDRESS OF OPPOSING (SPOUSE'S OR OPPOSING PARTY'S) ATTORNEY: _____

3. INFORMATION PERTAINING TO YOUR MARRIAGE OR LIVING ARRANGEMENT

PLACE OF MARRIAGE (CITY/COUNTY AND STATE): _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

DATE OF DIVORCE: _____

DO YOU HAVE A SEPARATION AGREEMENT?: _____ YES _____ NO

IF NOT MARRIED, ARE YOU LIVING WITH SOMEONE? _____ YES _____ NO

WHEN DID YOU MOVE IN TOGETHER? _____

WHEN DID YOU SEPARATE? _____

CHILDREN BORN OF THIS MARRIAGE / UNION:

CHILD'S FULL NAME

DATE OF BIRTH _____ M/F _____ SS #

CHILD'S FULL NAME

DATE OF BIRTH _____ M/F _____ SS #

CHILD'S FULL NAME

DATE OF BIRTH _____ M/F _____ SS #

Monthly day care for children _____ Health insurance cost for children _____

Who pays these costs? _____

IS THERE A CUSTODY ORDER IN EFFECT: _____ YES _____ NO

IF SO, DATE AND LOCATION OF ORDER:

IS THERE A SUPPORT ORDER IN EFFECT: _____ YES _____ NO

IF SO, DATE AND LOCATION OF ORDER:

DO YOU HAVE A PENDING COURT HEARING? IF YES, provide date, time and location of court hearing as well as issues to be heard:

Do you or your spouse own real estate acquired during the marriage or relationship (please provide county, address, if property is mortgaged, when acquired if possible)?

Do you or your spouse have retirement accounts (IRA, 401(k), etc)?

Do you or your spouse own your own business (or an interest in a business)?

Name of business, type of business and when it was formed:

5. REASON FOR YOUR VISIT TODAY:

