

Date: _____

NEW DOMESTIC CLIENT

SEPARATION AGMT _____; DIVORCE _____; CHILD SPT/CUSTODY _____; OTHER _____

Name: _____ SSN: _____ DOB: _____

Home Address: _____

City / State / Zip: _____

Mailing Address (if other than above): _____

City / State / Zip: _____

Home Telephone: _____ Cell: _____ Email: _____

Employer: _____ Annual Income: _____

Employer's Address: _____

City / State / Zip: _____

Work Telephone: _____ Education: _____

Referred by: _____

Spousal Information

Name: _____ SSN: _____ DOB: _____

Home Address: _____

City / State / Zip: _____

Employer: _____ Annual Income: _____

Employer's Address: _____

City / State / Zip: _____

Work Telephone: _____ Education: _____

Attorney: _____ Attorney's Telephone: _____

Attorney's Address: _____

City / State / Zip: _____

Marriage Information

Date of Marriage: _____ Date of Separation: _____

Place of Marriage (City / County / State): _____

Who Left? _____ Length of NC Residency: _____ Do you own your home? (Y / N) _____

Children

Do you have children? (Y / N) _____ How many children? _____

List each Child's Name, Age, Date of Birth, and Social Security Number:

NAME	AGE	DOB	SSN

Marital Property / Debts

PROPERTY, REAL ESTATE, BANK ACCTS, ETC

DEBTS

****CONSULT FEE OF \$150.00 DUE BEFORE CONSULTATION** - **THANK YOU.****