

RALEIGH LAW CENTER

Please understand that all information contained herein is subject to attorney-client privilege and is held strictly confidential.
PLEASE PRINT ALL INFORMATION CLEARLY

TODAY'S DATE: _____

PERSONAL INFORMATION

FIRST: _____ MIDDLE: _____ LAST: _____

PREFERRED SALUTATION / PRONOUN: _____ TITLE / SUFFIX: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LICENSE NUMBER: _____ DL STATE: _____

IS YOUR DRIVER'S LICENSE CURRENTLY REVOKED? YES / NO

CONTACT

PHYSICAL & POST
anything

Check if you do not want us to mail you

HOME / BUSINESS / OTHER: _____

STREET ADDRESS / P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE

(Check the best number to reach you at during regular business hours.)

HOME: _____

CELL: _____

WORK: _____

OTHER: _____

E-MAIL

EMPLOYMENT

EMPLOYER: _____ START DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DEPARTMENT: _____ ANNUAL SALARY: _____

POSITION: _____ SALARY MONTHLY (NET): _____

EMPLOYER PAY SALARY MONTHLY

FREQUENCY: _____ (GROSS): _____

EMPLOYMENT START DATE: _____

EDUCATION & CERTIFICATIONS

EDUCATION: _____

HIGHEST DEGREE ATTAINED: _____

CERTIFICATIONS: _____

SPECIALTY: _____

HEALTH

HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION INVOLUNTARILY? YES / NO

LIST ANY MENTAL HEALTH DIAGNOSES: _____

DO YOU HAVE A DRUG OR ALCOHOL PROBLEM? YES / NO

LIST ANY DRUG PREFERENCES, AND ANY OTHER VICES: _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY PRESCRIBED: _____

LIST ANY DISABILITIES: _____

CRIMINAL ACTIVITIES

DO YOU HAVE ANY CRIMINAL CHARGES PENDING? YES / NO

ARE YOU CURRENTLY ON PAROLE? YES / NO

PAROLE OFFICER: _____ PHONE NUMBER: _____

ARE YOU CURRENTLY ON PROBATION? YES / NO

PROBATION OFFICER: _____ PHONE NUMBER: _____

ARE YOU CURRENTLY SUBJECT TO A DOMESTIC VIOLENCE PROTECTION ORDER? YES / NO

CHARGE 1: _____ CHARGE 2: _____

DATE: _____ DATE: _____

SENTENCE: _____ SENTENCE: _____

HOUSING

DWELLING MONTHLY EXPENSES: YES / NO INCLUDES TAXES & INSURANCE? YES / NO

ARE YOU A HOME OWNER? YES / NO SECOND MORTGAGE? YES / NO

MORTGAGE 1

TOTAL AMOUNT: _____
FAIR MARKET VALUE: _____
NAME ON DEED 1: _____
NAME ON DEED 2: _____
HELOC NAME 1: _____
HELOC NAME 2: _____

MORTGAGE 2

TOTAL AMOUNT: _____
FAIR MARKET VALUE: _____
NAME ON DEED 1: _____
NAME ON DEED 2: _____
HELOC NAME 1: _____
HELOC NAME 2: _____

MOTOR VEHICLES

VEHICLE 1

KIND: _____
OWNER: _____
YEAR: _____ PURCHASE DATE: _____
MAKE: _____ MONTHLY PAYMENT: _____
MODEL: _____ VALUE: _____
TAG: _____
COLOR: _____
VIN: _____

VEHICLE 2

KIND: _____
OWNER: _____
YEAR: _____ PURCHASE DATE: _____
MAKE: _____ MONTHLY PAYMENT: _____
MODEL: _____ VALUE: _____
TAG: _____
COLOR: _____
VIN: _____

VEHICLE 3

KIND: _____
OWNER: _____
YEAR: _____ PURCHASE DATE: _____
MAKE: _____ MONTHLY PAYMENT: _____
MODEL: _____ VALUE: _____
TAG: _____
COLOR: _____
VIN: _____

VEHICLE 4

KIND: _____
OWNER: _____
YEAR: _____ PURCHASE DATE: _____
MAKE: _____ MONTHLY PAYMENT: _____
MODEL: _____ VALUE: _____
TAG: _____
COLOR: _____
VIN: _____

FAMILY AND CHILDREN

Number of Children: _____ (if greater than 4, please request additional Family Intake Forms)

Child 1

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DOB: _____ SSN: _____

BIO-MOTHER: _____

BIO-FATHER: _____

GUARDIAN 1: _____

GUARDIAN 2: _____

ADDRESS 1: _____

ADDRESS 2: _____

E-MAIL: _____ CELL: _____

SCHOOL NAME: _____

YEAR-ROUND SCHOOL? YES / NO TRACK: _____

COMMENTS/SPECIAL NEEDS: _____

Child 2

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DOB: _____ SSN: _____

BIO-MOTHER: _____

BIO-FATHER: _____

GUARDIAN 1: _____

GUARDIAN 2: _____

ADDRESS 1: _____

ADDRESS 2: _____

E-MAIL: _____ CELL: _____

SCHOOL NAME: _____

YEAR-ROUND SCHOOL? YES / NO TRACK: _____

COMMENTS/SPECIAL NEEDS: _____

Child 3

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DOB: _____ SSN: _____

BIO-MOTHER: _____

BIO-FATHER: _____

GUARDIAN 1: _____

GUARDIAN 2: _____

ADDRESS 1: _____

ADDRESS 2: _____

E-MAIL: _____ CELL: _____

SCHOOL NAME: _____

YEAR-ROUND SCHOOL? YES / NO TRACK: _____

COMMENTS/SPECIAL NEEDS: _____

Child 4

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

DOB: _____ SSN: _____

BIO-MOTHER: _____

BIO-FATHER: _____

GUARDIAN 1: _____

GUARDIAN 2: _____

ADDRESS 1: _____

ADDRESS 2: _____

E-MAIL: _____ CELL: _____

SCHOOL NAME: _____

YEAR-ROUND SCHOOL? YES / NO TRACK: _____

COMMENTS/SPECIAL NEEDS: _____

CPS INCIDENTS

HAVE CPS EVER BEEN INVOLVED WITH YOUR FAMILY? YES / NO

INCIDENT 1

BEGINNING DATE: _____
REASON: _____
SOCIAL WORKER 1: _____
SOCIAL WORKER 2: _____
FILE CLOSING DATE: _____
CLOSING REASON: _____

INCIDENT 2

BEGINNING DATE: _____
REASON: _____
SOCIAL WORKER 1: _____
SOCIAL WORKER 2: _____
FILE CLOSING DATE: _____
CLOSING REASON: _____

CURRENT RELATIONSHIP

ARE YOU CURRENTLY MARRIED? YES / NO

SPOUSE'S NAME: _____

LEGAL & CASE INFORMATION

MY CASE CONCERNS (Please check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> CUSTODY | <input type="checkbox"/> DIVORCE | <input type="checkbox"/> SEPARATION AGREEMENT |
| <input type="checkbox"/> CHILD SUPPORT | <input type="checkbox"/> ALIMONY | <input type="checkbox"/> PROPERTY SETTLEMENT |
| <input type="checkbox"/> PARENT COORDINATOR | <input type="checkbox"/> PRENUP | <input type="checkbox"/> ESTATE MGMT/PLANNING |
| <input type="checkbox"/> CHILD PROTECTIVE SERVICES (CPS) | <input type="checkbox"/> POSTNUP | <input type="checkbox"/> WILLS / TRUSTS |
| | <input type="checkbox"/> LITIGATION | <input type="checkbox"/> DIVISION OF MARITAL PROPERTY |

PLEASE BRIEFLY DESCRIBE YOUR LEGAL QUESTION OR SITUATION:

IS YOUR SPOUSE THE OPPOSING PARTY? YES / NO

ABOUT THE OPPOSING PARTY:

FIRST: _____ MIDDLE: _____ LAST: _____

PREFERRED SALUTATION / PRONOUN: _____ TITLE / SUFFIX: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LICENSE NUMBER: _____

DL STATE: _____

IS THEIR DRIVER'S LICENSE CURRENTLY REVOKED? YES / NO

OPPOSING PARTY'S CONTACT

PHYSICAL & POST
anything

Check if you do not want us to mail them

HOME / BUSINESS / OTHER: _____

STREET ADDRESS / P.O. BOX: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE

HOME: _____ CELL: _____

WORK: _____ OTHER: _____

E-MAIL _____

OPPOSING PARTY'S EMPLOYMENT

EMPLOYER: _____ START DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DEPARTMENT: _____ ANNUAL SALARY: _____

POSITION: _____ SALARY MONTHLY (NET): _____

EMPLOYER PAY SALARY MONTHLY

FREQUENCY: _____ (GROSS): _____

EMPLOYMENT START DATE: _____

OPPOSING PARTY'S EDUCATION & CERTIFICATIONS

EDUCATION: _____

HIGHEST DEGREE ATTAINED: _____

CERTIFICATIONS: _____

SPECIALTY: _____

OPPOSING PARTY'S HEALTH

HAVE THEY EVER BEEN COMMITTED TO A MENTAL INSTITUTION INVOLUNTARILY? YES / NO

LIST ANY MENTAL HEALTH DIAGNOSES: _____

DO THEY HAVE A DRUG OR ALCOHOL PROBLEM? YES / NO

LIST ANY DRUG PREFERENCES, AND ANY OTHER VICES: _____

LIST ANY MEDICATIONS THEY ARE CURRENTLY PRESCRIBED: _____

LIST ANY DISABILITIES: _____

OPPOSING PARTY'S CRIMINAL ACTIVITIES

DO THEY HAVE ANY CRIMINAL CHARGES PENDING? YES / NO

ARE THEY CURRENTLY ON PAROLE? YES / NO

PAROLE OFFICER: _____ PHONE NUMBER: _____

ARE THEY CURRENTLY ON PROBATION? YES / NO

PROBATION OFFICER: _____ PHONE NUMBER: _____

ARE THEY CURRENTLY SUBJECT TO A DOMESTIC VIOLENCE PROTECTION ORDER? YES / NO

CHARGE 1: _____ CHARGE 2: _____

DATE: _____ DATE: _____

SENTENCE: _____ SENTENCE: _____

OPPOSING PARTY'S HOUSING

DWELLING MONTHLY EXPENSES: YES / NO INCLUDES TAXES & INSURANCE? YES / NO

ARE THEY A HOME OWNER? YES / NO SECOND MORTGAGE? YES / NO

MORTGAGE 1

MORTGAGE 2

TOTAL AMOUNT: _____ TOTAL AMOUNT: _____

FAIR MARKET VALUE: _____ FAIR MARKET VALUE: _____

NAME ON DEED 1: _____ NAME ON DEED 1: _____

NAME ON DEED 2: _____ NAME ON DEED 2: _____

HELOC NAME 1: _____ HELOC NAME 1: _____

HELOC NAME 2: _____ HELOC NAME 2: _____

OPPOSING PARTY'S MOTOR VEHICLES

VEHICLE 1

KIND: _____
OWNER: _____
PURCHASE
YEAR: _____ DATE: _____
MONTHLY
MAKE: _____ PAYMENT: _____
MODEL: _____ VALUE: _____
TAG: _____
COLOR: _____
VIN: _____

VEHICLE 2

KIND: _____
OWNER: _____
PURCHASE
YEAR: _____ DATE: _____
MONTHLY
MAKE: _____ PAYMENT: _____
MODEL: _____ VALUE: _____
TAG: _____
COLOR: _____
VIN: _____

OPPOSING PARTY'S FAMILY AND CHILDREN

Child 1

FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____
DOB: _____ SSN: _____
BIO-MOTHER: _____
BIO-FATHER: _____
GUARDIAN 1: _____
GUARDIAN 2: _____
ADDRESS 1: _____
ADDRESS 2: _____
E-MAIL: _____ CELL: _____
SCHOOL NAME: _____
YEAR-ROUND SCHOOL? **YES / NO** TRACK: _____
COMMENTS/SPECIAL NEEDS: _____

Child 3

FIRST NAME: _____
MIDDLE NAME: _____
LAST NAME: _____
DOB: _____ SSN: _____
BIO-MOTHER: _____
BIO-FATHER: _____
GUARDIAN 1: _____
GUARDIAN 2: _____
ADDRESS 1: _____
ADDRESS 2: _____
E-MAIL: _____ CELL: _____
SCHOOL NAME: _____
YEAR-ROUND SCHOOL? **YES / NO** TRACK: _____
COMMENTS/SPECIAL NEEDS: _____

OPPOSING PARTY'S CHILD PROTETIVE SERVICES INTERACTIONS

HAVE CPS EVER BEEN INVOLVED WITH YOUR FAMILY? **YES / NO**

INCIDENT 1

BEGINNING DATE: _____
REASON: _____
SOCIAL WORKER 1: _____

INCIDENT 2

BEGINNING DATE: _____
REASON: _____
SOCIAL WORKER 1: _____

OPPOSING PARTY'S CURRENT RELATIONSHIP

ARE THEY CURRENTLY MARRIED? YES / NO

SPOUSE'S NAME: _____

MARRIAGE / RELATIONSHIP INFORMATION

DATE OF MARRIAGE: _____ MARRIAGE COUNTY: _____
DATE OF SEPARATION: _____ DATE OF DIVORCE: _____

OPPOSING COUNSEL / ATTORNEY

HAVE YOU RECEIVED A SUMMONS, COMPLAINT, OR OTHER CORRESPONDENCE FROM AN OPPOSING ATTORNEY? YES / NO

NAME: _____
LAW FIRM: _____
ADDRESS: _____

PHONE: _____ FAX: _____
EMAIL: _____

COURT INFORMATION

FILE NUMBER: _____ PARTY: PLAINTIFF / DEFENDANT
COUNTY OF FILING: _____ DATE OPENED: _____
STATE OF JURISDICTION: _____ COUNTY OF JURISDICTION: _____
JUDGE: _____
ORDERS ENTERED: _____
STATUTE OF LIMITATIONS: _____

ANY ADDITIONAL INFORMATION YOUR ATTORNEY SHOULD KNOW:

WHAT ARE YOUR EXPECTATIONS REGARDING YOUR ATTORNEY:

RALEIGH LAW CENTER

9380 Falls of Neuse Rd. Suite 201
Raleigh, North Carolina 27615
919.268.4070 / Fax: 919.720-4838

INITIAL INFORMATION ON FEES

Because we want our clients to fully understand the fees and costs associated with our services, we ask each client to read the following and sign this letter at the bottom.

1. We charge our clients as follows:
 - a. Initial Interview. Ms. Hopkins' rate is \$375.00 (flat fee) and after that she charges \$375.00 per hour. Any time over the first hour is pro-rated. **The client is expected to pay for the initial interview at the time it is concluded. We accept cash or checks only.**
 - b. Hourly Rates. All in office work on behalf of a client is charged at the rate of \$375.00 per hour for Ms. Hopkins.
 - c. Other Costs. Filing a civil complaint for any matter other than a divorce costs \$150.00 in Wake County. A complaint for a divorce costs \$225.00 (with an additional \$10.00 fee for name change). The service of process fee by the Sheriff's Department is \$30.00. Counterclaims cost \$150.00. Notice of hearing costs \$20.00. **These court costs and fees are subject to change at any time at the discretion of the Clerk of Court.** Certified Paralegal work is charged at \$175.00 per hour. Paralegal / law clerk charges are \$115.00 per hour. Non-paralegal work is billed at \$75.00 per hour.
 - d. Flat Fee. Certain work is performed on a flat fee basis. All of those are outlined fully in our legal services contract.
 - e. Return check fee: If a personal check bounces for insufficient funds, Client will be required to pay a \$50.00 processing fee in addition to the full amount of the check within forty-eight hours of being notified and all future payments must be made in the form of cash, money order, or certified check.
 - f. Reservation Fee. The firm charges a flat reservation fee of \$250.00 for the exclusive use of its services and for the forgone work of other potential clients if and when the Firm agrees to take your case. This fee is discussed further on the face of the contract that you will sign should you decide to retain Raleigh Law Center.
2. We bill on a monthly basis and you are expected to pay the balance shown and any additional fees shown upon receipt of the statement. If suit is necessary to recover attorney's fees due, the client agrees to pay fifteen percent (15%) of the amount claimed as additional attorney's fees in such action.

I HAVE READ THIS LETTER AND AGREE TO BE RESPONSIBLE FOR THE ABOVE CHARGES.

Signature of Client

(SEAL)

Date: _____