**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**

|  |  |
| --- | --- |
| DATE: |  |

**WHO REFERRED YOU TO US? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
CAN WE THANK THE PERSON WHO REFERRED YOU?** □ **YES** □ **NO**

**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 **□ Check if you do not want us to mail you anything**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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** |   |  |

\*\* Private and personal emails only

**EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER: |  | START DATE: |  |
| ADDRESS: |  |
| CITY: |  | STATE: |  | ZIP: |  |
| POSITION: |  | ANNUAL SALARY: |  |

**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** |  |

**List all criminal convictions:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: |  |
|  |
|  |
|  |

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|  |
| --- |
| **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: |  |
|  |
|  |
|  |

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|

|  |
| --- |
| **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: |  |
|  |
|  |
|  |

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|  |
| --- |
| **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** |  |

**IS CPS CURRENTLY INVOLVED WITH YOUR FAMILY?** □ **YES** □ **NO**

**CURRENT RELATIONSHIP**

|  |  |  |
| --- | --- | --- |
| ARE YOU CURRENTLY MARRIED? | □ **YES** □ **NO** |  |
| SPOUSE’S NAME: |  |

|  |  |  |
| --- | --- | --- |
| 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 **□ Check if you do not want us to mail them anything**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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: |  |
| POSITION: |  | ANNUAL SALARY: |  |

**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** |  |

**List all criminal convictions:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: |  |

**COURT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| FILE NUMBER: |  | PARTY: | □ **PLAINTIFF** □ **DEFENDANT** |
| COUNTY: | ­­­­­­­­ |
| JUDGE: |  |
| ORDERS ENTERED: |  |

Please attach all current court orders that have been entered.

**LEGAL & CASE INFORMATION**

**MY CASE CONCERNS** (Please check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **□** | CUSTODY | **□** | DIVORCE | **□** | SEPARATION AGREEMENT |
| **□** | CHILD SUPPORT | **□** | ALIMONY | **□** | MENTAL HEALTH ISSUES |
| **□** | PARENT COORDINATOR | **□** | PRENUP | **□** | HIGH CONFLICT |
| **□** | CHILD PROTECTIVE SERVICES (CPS) | **□** | POSTNUP | **□** | SUBSTANCE ABUSE |
| **□** | LITIGATION | **□** | DIVISION OF MARITAL PROPERTY |

**PLEASE BRIEFLY DESCRIBE YOUR LEGAL QUESTION OR SITUATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 CONSULTATION

 Because we want our clients to fully understand the consultation process, we ask each client to read and sign the following.

* 1. Initial Consultation. Ms. Hopkins’ rate is $375.00 (flat fee) for a one hour initial consultation. Any time over the first hour (overage) is pro-rated in 6 minute (.1) increments at the rate of $375.00 per hour. **The client is expected to pay for the initial consult at the time it is scheduled. Any overage is due at time of service. We accept cash, credit cards, or checks only. The initial consultation fee is non-refundable.**
	2. Hourly Rates. All in office work on behalf of a client is charged at the rate of $375.00 per hour for Ms. Hopkins.
	3. Return check fee: If a personal check bounces or is returned for any reason, you will be required to pay a $50.00 fee for the returned check plus any additional amount owed.
	4. Rescheduling: Requests to reschedule an initial consult must be made at least twenty-four (24) hours in advance of the scheduled appointment and made during business hours, Monday-Friday, 8:30am-5:30pm. Any requests received after hours or on weekends will be considered received the next business day.
	5. Initial intake paperwork. All intake paperwork must be received at least twenty-four (24) hours in advance. Anything received after hours or on weekends will be considered as received the next business day.
1. **An initial consult does not create an attorney/client relationship. In order for us to represent you, a retainer agreement must be executed. Raleigh Law Center has not been retained for legal services until an official Raleigh Law Center retainer agreement has been executed by you and our office and the retainer fee paid in full**.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client