

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: _____

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
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
- CHILD SUPPORT
- PARENT COORDINATOR
- CHILD PROTECTIVE SERVICES (CPS)
- DIVORCE
- ALIMONY
- PRENUP
- POSTNUP
- LITIGATION
- SEPARATION AGREEMENT
- MENTAL HEALTH ISSUES
- HIGH CONFLICT
- SUBSTANCE ABUSE
- 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.

- a. 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.**
 - 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. 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.
 - d. 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.
 - e. 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.
2. **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