

EVERETT, WOMBLE & LAWRENCE, L.L.P.

Attorneys at Law

FAMILY LAW INTAKE FORM

PLEASE PAY THE RECEPTIONIST YOUR CONSULTATION FEE UPON COMPLETION OF THIS FORM.

Name: _____ Social Security #: _____

Address: _____

Phone #: _____ Email: _____

Current Attorney: _____ Prior Attorney: _____

Employer: _____ Salary: _____

Spouse: _____ Spouse's Attorney: _____

Date of Marriage: _____ Date of Separation: _____

Third Parties: _____

Children: _____

Name	Birthdate	Place of Birth
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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In my case, the following apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Complaint filed | <input type="checkbox"/> Business(es) | <input type="checkbox"/> DSS Issues |
| <input type="checkbox"/> Existing Order | <input type="checkbox"/> Minor children | <input type="checkbox"/> Third Parties |
| <input type="checkbox"/> Premarital/Separation Agreement | <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Other |

I want information on the following:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Property Distribution | <input type="checkbox"/> DSS Issues |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Alimony | <input type="checkbox"/> Appeals |
| <input type="checkbox"/> Separation Agreement | <input type="checkbox"/> Child Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other |