

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

Attorneys & Counselors at Law  
203 N. William Street / P. O. Box 1678  
Goldsboro, NC 27533-1678  
919-778-6707

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Maiden Last

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver License # and State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: XXX-XX-\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position Held: \_\_\_\_\_

Work Phone: \_\_\_\_\_

How did you choose our firm? \_\_\_\_\_ (Referral, Yellow Pages, Etc.)

Type of matter you wish our firm to handle: \_\_\_\_\_

FOR ATTORNEY USE ONLY

- A. Future services to be performed for client:  
\_\_\_\_\_
- B. Financial arrangements with client for future services:  
Flat Rate: \_\_\_\_\_  
Hourly: \_\_\_\_\_  
Contingency: \_\_\_\_\_  
Other: \_\_\_\_\_
- C. Instructions to receptionist and/or book keeper: \_\_\_\_\_  
\_\_\_\_\_