

PRE-CONSULTATION QUESTIONNAIRE

Date of
Consultation:



Physical Address:
30 Church Street South
Concord, NC 28025

Mailing Address:
P.O. Box 2119
Concord, NC 28026-2119

SECTION ONE: TELL ME ABOUT YOU

Name: _____
First Middle &/or Maiden Last

Your Date of Birth: _____
Month, day, and year.

*If getting a divorce, do you want
your maiden name restored?*
Yes _____ No _____

Address: _____
Street Number, Name, P.O. Box, etc.

_____ City State Zip Code

May we send communications to this mailing address? Yes _____ No _____

Telephone (include area code): Home: _____

*Please circle the number
you prefer us to use when
contacting you.*

Cell: _____

Work: _____

Email Address: _____

May we send you communications via email? Yes _____ No _____

What is your occupation/employer?: _____

What is your gross monthly income? _____

SECTION TWO: TELL ME ABOUT THE OPPOSING PARTY

Opposing Party's Name: _____
First Middle &/or Maiden Last

Opposing Party's Date of Birth: _____

Address: _____
Street Number, Name, P.O. Box, etc.

City State Zip Code

Telephone (include area code): Home: _____

Cell: _____

Work: _____

What is your relationship to the opposing party? _____

What is the opposing party's occupation/employer? _____

What is the opposing party's gross monthly income? _____

If you and the opposing party are or were married, please provide the following information:

Date of the marriage: _____

Place of the marriage: _____
(City, State, County)

Date of separation/divorce: _____

Are you and the opposing party still living together (not separated)? _____

Has domestic violence been an issue in your relationship with the opposing party?

Yes _____ No _____

SECTION THREE: SERVICE OF PROCESS

If a lawsuit will be filed, please answer the following questions. If not, skip on to Section Four.

How do you want the opposing party to be served? Certified Mail _____ Sheriff _____

Is the address listed above where you would prefer opposing party to be served?

Yes _____ No _____

If you answered "No" above, please list the address for where you prefer the opposing party to be served: _____

Street Number, Name, P.O. Box, etc.

City State Zip Code

SECTION FOUR: TELL ME ABOUT THE CHILDREN

Do you and the opposing party have children in common (regardless of age).
Yes _____ No _____

If you answered “yes” on the previous page, please list the name(s) and date(s) of birth of the child(ren) and indicate with whom each child resides. If you answered “no” skip on to Section Five.

Child’s Full Name	Date of Birth	Child’s Age	With whom child resides?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION FIVE: WHAT CAN I DO TO HELP?

Please describe the circumstances that resulted in your seeking legal assistance and advice?

What specific questions do you have which you are hoping to have answered in your consultation?

SECTION SIX: HOW DID YOU HEAR ABOUT RUTHERFORD ROBERTSON, P.A.

How did you hear about this Law Firm? (choose one)

- Telephone Directory
 - _____ Windstream _____ Yellow Pages
- Internet Search
 - _____ FindLaw.com _____ Lawyers.com _____ Google
 - _____ Other (please list) _____
- Referral from friend or family member
 - Name of Referral _____
- Referral from another attorney
 - Name of Attorney _____
- Other (please specify) _____

If you were referred by a family member, friend, or another attorney, do you feel comfortable authorizing Rutherford Robertson, P.A. to write a thank you letter to that individual.

Yes _____ No _____

**SECTION SEVEN: CONSENT TO PAYMENT OF CONSULTATION FEE
AND ACKNOWLEDGMENT OF NON-ENGAGEMENT**

By signing below, you agree to pay a non-refundable consultation fee prior to the beginning of the consultation. The consultation can last anywhere between thirty minutes to one hour.

Furthermore, by signing below, you acknowledge that the payment of the consultation fee and/or the fact of your having consulted with Rutherford Robertson, P.A. and/or Jennifer R. Robertson does not in and of itself create an ongoing attorney-client relationship, absent the express consent of Rutherford Robertson, P.A. and/or Jennifer R. Robertson. Failure to sign below does not create an attorney-client relationship.

Lastly, by signing below, you agree that you have provided truthful information to the firm in this questionnaire to the best of your knowledge, information, and belief. Should it become apparent to you at a later date that any information provided was not correct or is no longer correct, you are under an affirmative duty to update this firm with the correct information during the course of representation should this firm be retained.

This the _____ day of _____, 20_____.

Signature

Print Name