

# PRE-CONSULTATION QUESTIONNAIRE

Date of  
Consultation:

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Physical Address:  
30 Church Street South  
Concord, NC 28025

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

## FAMILY LAW SECTION ONE: TELL ME ABOUT YOU

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

Date of Birth: \_\_\_\_\_  
Month, day, and year.

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/Cell: \_\_\_\_\_  
*\*\*\*Please circle the number you prefer us to use when contacting you.* Work: \_\_\_\_\_

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

May we send you communications via email? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your occupation/employer? \_\_\_\_\_

What is your gross monthly income? \_\_\_\_\_

**\*\*If getting a divorce, do you want your maiden name restored? Yes \_\_\_\_\_ No \_\_\_\_\_**  
If yes, please clearly print your full name as it is to appear legally after the divorce.

**SECTION TWO: TELL ME ABOUT THE OPPOSING PARTY**

Opposing Party's Name: \_\_\_\_\_  
  First  Middle  Last

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

Address: \_\_\_\_\_  
  Street Number, Name, P.O. Box, etc.

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City  State  Zip Code

Telephone (include area code): Home/Cell : \_\_\_\_\_

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

What is the opposing party's occupation/employer? \_\_\_\_\_

What is the opposing party's gross monthly income? \_\_\_\_\_

What is your relationship to the opposing party? \_\_\_\_\_

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: \_\_\_\_\_

**SECTION FOUR: TELL ME ABOUT THE CHILD(REN)**

Do you and the opposing party have children in common (regardless of age)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" please list the name(s) and date(s) of birth of the child(ren) and indicate with whom each child resides.

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

**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?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

- 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 FIVE: 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 agree 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.

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