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NCDRC CERTIFIED SUPERIOR COURT  
AND FAMILY FINANCIAL MEDIATOR

### CONSULTATION INTERVIEW FORM

*The purpose of an initial consultation is for the attorney to understand the legal issues of your case, to provide you with basic legal information, possibly to identify further courses of action, and to estimate an approximate total fee for representation. The purpose is **not** to render a definitive legal opinion.*

*The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.*

*One of three outcomes is possible after your consultation:*

- 1. You and Ms. Irwin may mutually agree to the terms of representation. If so, a separate document outlining the agreement will be signed by both of you.*
- 2. You decide not to proceed with using the services of the firm at this time.*
- 3. The firm declines to represent you.*

*Only if both you and the attorney mutually agree to the terms of representation (see #1) will the attorney represent you in this matter. Unless and until that happens, this firm DOES NOT represent you in this matter. An attorney will not take action on your behalf until a contract is signed. However, even if this firm does not ultimately represent you in this matter, your discussions today are still protected by attorney/client privilege, and will be held in the utmost confidence.*

*Please note: that there is a **\$250.00 consultation fee**, which must be paid at the conclusion of the consultation.*

Date \_\_\_\_\_

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**Please fill out the following information about yourself and your legal problem.**

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Number Street City State Zip

May we send mail to this address? \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ (Home/Work /Cell)

May we leave messages on voicemail/answering machine at this number? \_\_\_\_\_

Secondary Phone (\_\_\_\_\_) \_\_\_\_\_ (Home/Work /Cell)

May we leave messages on voicemail/answering machine at this number? \_\_\_\_\_

Email address: \_\_\_\_\_ Is this address secure? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you known by any other names?  Yes  No

If yes, please list name(s) \_\_\_\_\_  
*(A fictitious name, a nickname, a former name, your maiden name etc.)*

Where are you employed? \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

May we contact you there?  Yes  No Phone No. (\_\_\_\_) \_\_\_\_\_ Email? \_\_\_\_\_

Days and hours of employment: \_\_\_\_\_

Gross wages: \_\_\_\_\_ Net wages: \_\_\_\_\_ Other source of income: \_\_\_\_\_

Is there medical/dental coverage through your employer? \_\_\_\_\_

If yes whom does it cover? \_\_\_\_\_ Cost: \_\_\_\_\_

Any health problems for which special attention is necessary? If yes, please state the problem and attention required. \_\_\_\_\_

If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ State & Zip \_\_\_\_\_

How did you learn of our office?  A friend (\_\_\_\_)  Yellow Pages  Internet  
 Bar Referral  Former client  Other: \_\_\_\_\_.

What kind of legal matter is this?

Collaborative Law

Traditional Family law (divorce, custody, child support, etc.)

Other civil matter (please indicate) \_\_\_\_\_

If this is a civil matter, have you been served with any paperwork?  Yes  No  N/A

Have you consulted with any other attorney regarding this matter?  Yes  No

Have you **ever** been represented by an attorney before, **in any matter**?  Yes  No

If Yes – Please briefly state the circumstances

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Law and other Civil matters only**

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**For civil and family law matters only, please fill out any information you know about the opposing party. For criminal, traffic, or DUI matters, please skip to page 6.**

**OPPOSING PARTY**

Name \_\_\_\_\_  
*First Middle/Maiden Last*

Address \_\_\_\_\_  
*Number Street City State Zip*

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ (Home/Work /Cell)

Secondary Phone (\_\_\_\_\_) \_\_\_\_\_ (Home/Work /Cell)

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_

Is he/she known by any other names? [ ] Yes [ ] No

If yes name(s) \_\_\_\_\_  
*(A fictitious name, a nickname, a former name, your maiden name etc.)*

Where is he/she employed? \_\_\_\_\_

Length of time at this employer: \_\_\_\_\_

Days and hours of employment: \_\_\_\_\_

Gross wages: \_\_\_\_\_ Net wages: \_\_\_\_\_

Is there medical/dental coverage through their employer? YES NO

If yes whom does it cover? \_\_\_\_\_ Cost: \_\_\_\_\_

Other source of income for him/her: \_\_\_\_\_

Any health problems for which special attention is necessary? if so, please state the problem and attention required. \_\_\_\_\_

Does the opposing party have an attorney? [ ] Yes [ ] No If so, who? \_\_\_\_\_

**Family Law matters only**

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**For family law matters, please fill out the next two sections about children and the marriage. Otherwise, please skip to page 6.**

**CHILD(REN)**

*(Please be sure to include all children of either party)*

**Name:** \_\_\_\_\_  
*First Middle Last*  
Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residing with: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

**Name:** \_\_\_\_\_  
*First Middle Last*  
Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residing with: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

**Name:** \_\_\_\_\_  
*First Middle Last*  
Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residing with: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

**Name:** \_\_\_\_\_  
*First Middle Last*  
Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Residing with: \_\_\_\_\_ School/Daycare: \_\_\_\_\_

**Child Support**

Is there a Child Support Order in place: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

If there is a court order regarding child support indicate the last court date, and the Judge involved. \_\_\_\_\_

Is any other income, such as Social Security, being received for the children? \_\_\_\_\_

Monthly Cost of childcare \$ \_\_\_\_\_ and/or child portion of health insurance \$ \_\_\_\_\_

Is there any dispute about paternity? \_\_\_\_\_

Special health care problems? if so, please explain. \_\_\_\_\_

Custody and visitation is currently arranged as follows: \_\_\_\_\_

\_\_\_\_\_

I want custody and visitation to be ordered as follows: \_\_\_\_\_

\_\_\_\_\_

**THE MARRIAGE/RELATIONSHIP**

Date of Marriage (or beginning of relationship): \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Who Left: \_\_\_\_\_

Any acts of harassment or violence? if so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Any acts of infidelity? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are you paying or receiving any spousal support? If so, how much? \_\_\_\_\_

Have you and your spouse reached any agreement in regards to:

Division of property \_\_\_\_\_

Financial arrangements \_\_\_\_\_

Child custody/support \_\_\_\_\_

Spousal support \_\_\_\_\_

If you answered yes to any of the above please explain. \_\_\_\_\_

\_\_\_\_\_

**Absolute Divorce Clients Only:**

\_\_\_\_\_ I do not want my former name restored.

\_\_\_\_\_ I want my former name restored as follows: \_\_\_\_\_

Issues to be reserved: \_\_\_\_\_ Equitable Distribution \_\_\_\_\_ Alimony

**All Clients, in any legal matter**

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**PLEASE READ CAREFULLY & Sign Below**

Following your initial interview, if you agree to hire the attorney, and the attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of representation.

Please keep in mind however, that this office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, UNLESS AND UNTIL, both you and the attorney execute a written Agreement for Representation.

**Your signature acknowledges only that you have reviewed and understand the foregoing policy and does not mean you have hired Irwin Law Firm, PLLC.**

SIGNATURE \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**This portion to be completed by attorney**

- Representation Agreement signed
- Representation declined
- Party is waiting and will get back with us - No action to be taken and party was so informed.

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

