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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 _____

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

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

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

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: _____

