



CENTER FOR MILITARY LAW

PLEASE PROVIDE THE FOLLOWING INFORMATION AS ACCURATELY AND COMPLETE AS POSSIBLE. WE WILL NOT DISCLOSE ANY INFORMATION DISCLOSED UNLESS IT IS AUTHORIZED BY YOU AND PURSUANT TO WASHINGTON, D.C. AND NORTH CAROLINA STATE BAR'S RULES OF PROFESSIONAL RESPONSIBILITY. ALL INFORMATION REQUESTED IS NECESSARY TO PROVIDE OUR CLIENTS WITH THE BEST POSSIBLE REPRESENTATION. THANK YOU.

CLIENT INFORMATION

DATE: _____

DOMESTIC CASE

CLIENT : _____

_____ FIRST MIDDLE LAST
RANK

DR. MR. MS. OR MRS. (CRICLE ONE) MAIDEN NAME: _____

PLEASE LIST THE PHONE NAME AND PHONE NUMBER OF EVERY PERSON YOU AUTHORIZE US TO SPEAK WITH REGARDING YOUR CASE:

PHYSICAL ADDRESS:

STREET _____

CITY COUNTY STATE ZIP

HOW LONG HAVE YOU LIVED IN NORTH CAROLINA: _____

MAILING ADDRESS:

SAME AS ABOVE: YES OR NO

STREET/PO BOX _____

CITY COUNTY STATE ZIP

ELECTRONIC ADDRESS:

PRIMARY EMAIL ADDRESS: _____@_____

WORK EMAIL ADDRESS: _____@_____

FACEBOOK: _____

TWEETER: _____

DO YOU CHECK YOUR EMAIL ON A REGULAR BASIS AND DO YOU FEEL COMFORTABLE WITH US SENDING NOTICES REGARDING YOUR CASE VIA EMAIL ONLY: YES OR NO

PLEASE NOTE IF YOU HAVE ANY FACEBOOK, MySPACE, TWEETER, PLENTY OF FISH, MATCH.COM, OR SIMILAR ACCOUNT PLEASE KEEP IN MIND THAT ALL INFORMATION CONTAINED THEREIN CAN BE USED AGAINST YOU INCLUDING, BUT NOT LIMITED TO PICTURES, FRIENDS, UPDATES, ETC. BE MINDFUL THAT YOUR PAGE IS A REFLECTION ON YOU. WE RECOMMEND DEACTIVATING YOUR ACCOUNT TEMPORARILY UNTIL YOUR CASE IS RESOLVED.

PHONE:

HOME

WORK

CELL

EMERGENCY CONTACT – NAME AND NUMBER

IF MINOR:

FATHER: _____

PHONE: _____

MOTHER: _____

PHONE: _____

PERSONAL:

_____-_____-_____

SSN

DATE OF BIRTH

DRIVER'S LICENSE NUMBER/STATE OF ISSUANCE

IS YOUR LICENSE VALID: YES OR NO

EDUCATION:

PLEASE CIRCLE HIGHEST LEVEL COMPLETED AND ALL APPLICABLE:

SOME HIGH SCHOOL HIGH SCHOOL GED SOME COLLEGE ASSOCIATES DEGREE

BACHELOR'S MASTERS DOCTRATE VOCATIONAL/TRADE

NAME, DATE OF COMPLETION, & LOCATION OF HIGH SCHOOL: _____

NAME, DATE OF COMPLETION, DEGREE EARNED, AND NATURE OF STUDIES IN COLLEGE/VOCATIONAL:

EMPLOYMENT: ARE YOU EMPLOYED: YES OR NO

NAME AND ADDRESS OF EMPLOYER: _____

JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____

DO YOU RECEIVE DISABILITY: YES OR NO

**MENTAL
HEALTH:**

HAVE YOU EVER RECEIVED MENTAL HEALTH TREATMENT/COUNSELING: YES OR NO

IF SO, PLEASE STATE TREATMENT FACILITY, NAME OF TREATING COUNSELOR,
DIAGNOSIS IF ANY, MEDICATIONS TAKEN, TREATMENT RECEIVED, AND CURRENT
TREATMENT: _____

HEALTH:

DO YOU CURRENTLY HAVE ANY HEALTH PROBLEMS, INCLUDING DRUG AND/OR SCHOOL
ADDICTIONS: YES OR NO

IF SO, PLEASE STATE THE NATURE OF THE PROBLEM AND TREATING PHYSICIAN: _____

**MILITARY
SERVICE:**

WERE YOU EVER A MEMBER OF THE ARMED SERVICES: YES OR NO

BRANCH: _____ RANK: _____

LENGTH OF SERVICE: _____ MOS: _____

DISCHARGE TYPE: _____ CLEARANCE: YES OR NO

UNIT: _____

**CRIMINAL
HISTORY:**

ARE YOU CURRENTLY ON PROBATION: YES OR NO

IF SO, WHO IS YOUR PROBATION OFFICER AND THEIR PHONE NUMBER: _____

IF SO, PLEASE STATE THE COUNTY WHERE YOU ARE SUPERVISED: _____

IF SO, PLEASE STATE THE COUNTY WHERE YOU WERE CONVICTED, THE NATURE OF THE CHARGES, THE LENGTH OF PROBATION, AND THE LENGTH OF ANY ACTIVE SENTENCE SHOULD YOUR PROBATION BE TERMINATED: _____

DO YOU HAVE ANY OTHER PENDING CHARGES: YES OF NO

IF SO, WHAT ARE THE CHARGES, COUNTY WHERE PENDING, UPCOMING COURT DATES, THE NAME AND PHONE NUMBER OF AN ATTORNEY IF YOU ARE REPRESENTED:

HAVE YOU BEEN CONVICTED OF A FELONY: YES OR NO

IF SO, PLEASE STATE THE NATURE OF THE CHARGE, DATE OF CONVICTION, COUNTY AND STATE WHERE CHARGES OCCURRED, AND SENTENCE: _____

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR: YES OR NO

IF SO, PLEASE STATE THE NATURE OF THE CHARGE, DATE OF CONVICTION, COUNTY AND STATE WHERE CHARGES OCCURRED, AND SENTENCE: _____

CURRENT CHARGES:

WHAT ARE YOU CHARGED WITH:

WHAT STATE, COUNTY, OR INSTALLATION?

IF APPLICABLE, AGENCY AND NAME OF LAW ENFORCEMENT OFFICER:

DO YOU HAVE CODEFENDANTS: YES OF NO

IF SO, STATE THE NAME OF THE CO-DEFENDANTS AND THEIR ATTORNEY NAMES: _____

HAVE YOU MADE A STATEMENT REGARDING YOUR CHARGES: YES OR NO

IF SO, TO WHOM: _____ DATE: _____

WHERE GIVEN: _____

WHO WAS PRESENT WHEN STATEMENT GIVEN: _____

DATE OF OFFENSE? _____ DATE ARRESTED? _____

DID YOU SPEND ANY TIME IN JAIL PRIOR TO BE BONDED? YES OR NO

HOW MANY DAYS? _____ BOND AMOUNT? _____

PLEASE REFRAIN FROM DISCUSSING YOUR CASE WITH EVERYONE. IF YOU HAVE A FACEBOOK, TWEETER, MYSPACE OR OTHER SIMILAR ACCOUNT PLEASE DO NOT MAKE ANY REFERENCES TO YOUR CASE. ONLY DISCUSS THE CASE WITH YOUR ATTORNEY. ANY STATEMENT YOU MAKE CAN AND WILL BE USED AGAINST YOU.

CURRENT MARRIAGE/

OTHER PARENT: OTHER PARENT/SPOUSE NAME:

FIRST MIDDLE LAST

PLACE OF MARRIAGE: _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

NUMBER OF CHILDREN OF THIS RELATIONSHIP: _____

CHILD'S NAME: _____ DOB: _____

CHILD'S NAME: _____ DOB: _____

CHILD'S NAME: _____ DOB: _____

CHILD'S NAME: _____ DOB: _____

CHILD'S NAME: _____ DOB: _____

DO YOU HAVE CHILDREN FROM ANOTHER RELATIONSHIP? YES OR NO

IF SO, PLEASE STATE THE OTHER PARENT'S NAME, CHILDREN'S NAMES, AND DOB OF CHILDREN? _____

DO YOU WANT TO RESUME YOUR MAIDEN NAME IF SEEKING DIVORCE? YES OR NO

MAIDEN NAME? _____

WHAT WE NEED:

PLEASE TRY TO OBTAIN THE FOLLOWING INFORMATION PRIOR TO YOUR CONSULTATION. WE UNDERSTAND THAT DUE TO EMERGENCY NATURE OF DOMESTIC CASES YOU MIGHT NOT HAVE SUFFICIENT TIME TO OBTAIN REQUIRED INFORMATION. WE WILL NEED THE FOLLOWING:

ALL DOMESTIC CASES

1. COMPLETE THIS INTAKE FORM TO THE BEST OF YOUR ABILITY.
2. COPIES OF ALL SEPARATION AGREEMENTS, COURT ORDERS, ETC.

CHILD CUSTODY CASES

1. TIMELINE OF YOUR RELATIONSHIP WITH THE OTHER PARENT THAT PROVIDES THE ATTORNEY WITH A HISTORY OF THE RELATIONSHIP OF THE PARTIES. PLEASE INCLUDE SIGNIFICANT EVENTS AND ALL THE GOOD, BAD, & UGLY.
2. NAMES, PHONE NUMBERS, & ADDRESSES OF MEDICAL PROVIDERS OF THE CHILDREN, ANY COUNSELORS, SCHOOLS, AND WITNESSES.
3. PICTURES OF YOUR RESIDENCE, ACTIVITIES OF THE CHILDREN, FAMILY GATHERINGS, ETC.

ALIMONY/POST SEPARATION SUPPORT

1. COMPLETE A FINANCIAL AFFIDAVIT AVAIABLE ON THE RESOURCES PAGE OF OUR WEBSITE.
2. COPY OF YOUR PAY CHECK OR DISABILITY PAYMENT.
3. ANY WAGE INFORMATION ON YOUR SPOUSE INCLUDING PAY STUBS, TAX RETURNS, W-2, ETC.

EQUITABLE DISTRIBUTION CASES (ASKING THE COURT TO DIVIDE MARITAL PROPERTY) OR SEPARATION AGREEMENT

1. ALL INFORMATION REQUIRED UNDER ALIMONY.
2. ALL STATEMENTS OF RETIREMENT ACCOUNTS, 401K, ROTH IRA, IRA, TSP, ETC.
3. ALL STATEMENTS OF DEBT, MORTGAGE STATEMENTS, CREDIT CARD STATEMENTS, MEDICAL DEBTS, ETC.

4. A COPY OF ALL DEEDS FOR ALL REAL ESTATE OWNED BY THE PARTIES IRREGARDLESS OF WHOSE NAME IT IS IN.
5. COMPLETE A STATEMENT OF ASSESTS AVAILABLE OF THE RESOURCES PAGE OF OUR WEBSITE.