

DATE OF INITIAL APPOINTMENT _____

Client Number Assigned _____

GENA WALLING MCCRAY, PLLC

ATTORNEY AND COUNSELOR AT LAW
LOUISBURG, NORTH CAROLINA

Gena Walling McCray
NC FAMILY LAW SPECIALIST

Mailing Address
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ADOPTION CLIENT INFORMATION

Thank you for taking the time to fill this out. Having this information for our first meeting will help make our time together more productive and will help us focus on what is most important to you. The information requested is very general. We will get more detailed information when we meet.

Please fill in your responses. Not all of the information requested will be applicable to you. Write "N/A" on those lines that are not. We really look forward to meeting you.

Your Full Name: _____

Spouse Full Name: _____

Street Address: _____

Mailing Address: _____

Home Phone #: () - _____ Cell Phone #: () - _____

Work Phone #: () - _____ Email Address _____

Date of Marriage:
(If Applicable) / / _____

Child's Current Legal Name: _____

Child's Proposed Name: _____

Child's Date of Birth: _____

Child's Place of Birth
(City, County, State): _____

How did the child come into your care? _____

Do the biological parents consent? _____

If biological parents don't consent,
have their rights been terminated? _____

Do you have a home study
completed? _____

If so, who has completed the home study? _____

Have you ever been to an attorney before? _____

What do you expect from your attorney? _____

Anything else that you want to make sure you remember to tell your attorney:

CONSULTATION POLICY

A consultation with Ms. McCray is \$200.00 for one hour. This is paid in cash or money order before the consultation begins. For people who live too far away to come in person for a consultation, we will accept payment by credit card. There is a 3% surcharge on all credit card charges.

If you hire our office within five (5) business days of your consultation, your consultation fee is waived (which means you are not charged for the *first hour* spent in consultation) and you will receive a \$200 credit on your first bill.

If you understand this policy and agree to its terms, then please date and sign your name below turn this form in with your consultation fee.

Date: _____

Sign here