

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

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NEW 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: _____

Street Address: _____

Mailing Address: _____

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

Work Phone #: () - _____ Email Address _____

Briefly explain why you are coming in to see an attorney: _____

Have you ever been to an attorney before? _____

What do you expect from your attorney? _____

If you could name one thing you would want your attorney to accomplish for you, what would it be? _____

FAMILY LAW CLIENTS

www.ATTORNEYMCCRAY.com

If you are coming for a family law matter, please fill in the following:

Opposing Party's Full Name: _____

Date of Marriage: _____ (If Applicable) / / Date of Separation: _____ / /

Street Address: _____

Mailing Address: _____

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

Work Phone #: () - _____ Confidential Fax #: () - _____

Children born of your marriage/relationship:

Child's Name: _____ Child's Date of Birth: _____ / /

Child's Name: _____ Child's Date of Birth: _____ / /

Child's Name: _____ Child's Date of Birth: _____ / /

Child's Name: _____ Child's Date of Birth: _____ / /

Are there any other children not born of this marriage? If so, what are their names and birthdays?

Child's Name: _____ Child's Date of Birth: _____ / /

Child's Name: _____ Child's Date of Birth: _____ / /

Child's Name: _____ Child's Date of Birth: _____ / /

GENERAL FINANCIAL INFORMATION

Your Annual Income: _____ Spouse's Annual Income: _____

Fair Market Value of House: _____

Approximate Value of Bank Accounts: _____

Approximate Value of Securities: _____

Do you or your spouse own an interest in a business? _____

If yes, what is the name and type of business? _____

How was the business formed? Partnership? LLC? C-Corp? _____

Wife's Retirement _____

Husband's Retirement _____

Credit Card or other Debt: _____

Any other substantial assets and debts that need to be divided with spouse? _____

Please describe here: _____

CHILDREN

Who do you think should get custody? and Why? _____

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