

G  
Y  
YPCOM  
LRS  
YPC  
YPR

FOR OFFICE USE ONLY:

DOM:  
DOS:  
DOD:

---

**CONFIDENTIAL CLIENT PROFILE**

TODAY'S DATE: \_\_\_\_\_

**Full Name (include maiden or other marital name, Jr./Sr., etc):**

\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address (mail will be sent to this address unless you specify otherwise):** **Home #:** \_\_\_\_\_

\_\_\_\_\_ **Mobile #:** \_\_\_\_\_

\_\_\_\_\_ **Work #:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Employer's**

**Address:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

\_\_\_\_\_ **E-mail:** \_\_\_\_\_

---

**Spouse Full Name (include maiden or other marital name, Jr./Sr., etc):**

\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Opposing Party Full Name (if other than spouse) (Include maiden or other marital name, Jr./Sr., etc):**

\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

\_\_\_\_\_ **Mobile #:** \_\_\_\_\_

**Are you currently residing with the opposing party?** \_\_\_Y\_\_\_N **Work #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Employer's**

**Address:** \_\_\_\_\_ **Position:** \_\_\_\_\_

\_\_\_\_\_ **Salary:** \_\_\_\_\_

**Please provide the names and addresses of any other party(ies) involved in this matter:**

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

---

**Children** (Name and social security number)

**Date of Birth**

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

Please proceed to Page 2

Reason for Visit:      Family/Divorce                      Wills                      Traffic                      Other  
If Family/Divorce:  
Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_  
Place of Marriage (City & State): \_\_\_\_\_  
Previous Spouse: \_\_\_\_\_ Previous Divorce Date: \_\_\_\_\_

Social Media (Twitter, Facebook, MySpace) used by you: \_\_\_\_\_  
used by your spouse: \_\_\_\_\_

Parent or Next of Kin: \_\_\_\_\_ Phone #: \_\_\_\_\_

**AUTHORIZATION:**

I hereby authorize this firm to discuss my case in full/in event of my death with the following contact person:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our office? (Please circle appropriate choice.)

- Raleigh Yellow Pages                      Cary Yellow Pages                      Wake Bar's Lawyer Referral Service
- Google search                      Yahoo search                      Yellow Pages.com/White Pages.com search
- Friend/Relative

Name of Friend/Relative: \_\_\_\_\_

The information I have provided is correct to the best of my knowledge and I understand that any false statements may affect my representations in the above matter. Further, I understand that completion of this form does not obligate either myself or the Law Firm of Alexander & Doyle, PA to accept representation in the matter discussed. I understand that unless and until a Contract for Legal Services is signed by me, the firm is not retained to represent me.

I understand and acknowledge that if a third party accompanies me into my initial or subsequent consultations with my attorney that the Law Firm of Alexander & Doyle, PA cannot guarantee strict confidentiality.

\_\_\_\_\_  
Signature of Client

Thank you for your cooperation.

***PAYMENT FOR TODAY'S CONSULTATION IS DUE TODAY***