G FOR OFFICE USE ONLY:

Y DOM:

YPCOM DOS:

LRS DOD:

YPC

YPR

**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**

**Grandparents (Name, both paternal and maternal)**

**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:**

**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.**

**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.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Client**

**Thank you for your cooperation**.

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