

LAW FIRM OF SHAWNDRIA MCCOY, PLLC
CLIENT INFORMATION (FAMILY)

Date: _____ DOB: _____ SSN: _____

Name: _____ Length of NC Domicile: _____
First Middle Last

Address: _____
Number/Street Apt. # City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Military? _____

Emergency Contact: _____
Name Phone number Relationship

Spouse Name: _____ DOB: _____ SSN: _____

Address: _____
Number/Street Apt. # City State Zip

Date Married: _____ Date Separated: _____ Military? _____

<input type="checkbox"/> No Children	<input type="checkbox"/> No Property
Child 1: _____	<input type="checkbox"/> G <input type="checkbox"/> B Age: _____ Lives with: _____
Child 2: _____	<input type="checkbox"/> G <input type="checkbox"/> B Age: _____ Lives with: _____
Child 3: _____	<input type="checkbox"/> G <input type="checkbox"/> B Age: _____ Lives with: _____
Child 4: _____	<input type="checkbox"/> G <input type="checkbox"/> B Age: _____ Lives with: _____
Child 5: _____	<input type="checkbox"/> G <input type="checkbox"/> B Age: _____ Lives with: _____

FIRM USE ONLY: Conflict Check: _____ Fee Agreement: _____

Type of Representation:

Pre-Nuptial Agreement Separation Agreement Absolute Divorce Name Change
 Flat Fee Amount Paid: _____ Trust Operating Receipt Given

Who is responsible for Attorney's fees and costs of representation? _____

Persons Whom Attorney May Discuss Your Case With: _____

Attorneys Notes _____

