



**Calhoun Law, P.C.**

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**DOMESTIC INTAKE**

How did you hear of our firm? \_\_\_\_\_

**CLIENT INFORMATION**

NAME \_\_\_\_\_  
First Middle Last (Maiden)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE#: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Work) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

GROSS INCOME : \_\_\_\_\_ ( weekly/monthly/yearly)

**OPPOSING PARTY**

NAME \_\_\_\_\_  
First Middle Last (Maiden)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE#: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Work) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

GROSS INCOME : \_\_\_\_\_ ( weekly/monthly/yearly)

ATTORNEY: \_\_\_\_\_

**MARRIAGE INFORMATION**

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

DATE OF DIVORCE: \_\_\_\_\_

LOCATION OF MARRIAGE: CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**CHILDREN**

NAME	DATE OF BIRTH	SS#	LIVING WITH

**ADDITIONAL INFORMATION**

DAYCARE/AFTERSCHOOL CARE/ CHILD CARE: \$ \_\_\_\_\_ monthly

MEDICAL INSURANCE COST: \$ \_\_\_\_\_ monthly

WHO CARRIES INSURANCE: Mother \_\_\_\_\_ Father \_\_\_\_\_

ARE THERE ANY SPECIAL NEEDS OF THE CHILD(REN) : \_\_\_\_\_

DO THE CHILD(REN) GO TO PRIVATE SCHOOL: \_\_\_\_\_

ANY PENDING COURT DATES: \_\_\_\_\_

ANY COURT ORDERED CHILD SUPPORT: \_\_\_\_\_