

# GONZALEZ LAW FIRM, PLLC

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone:** What number is the best way to contact you? \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

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

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

Please check type of legal category that applies:

Domestic/Family Law: \_\_\_\_\_

Auto accident: \_\_\_\_\_

Other personal injury: \_\_\_\_\_

Criminal: \_\_\_\_\_ Court Date: \_\_\_\_\_

Estates or Wills: \_\_\_\_\_

Traffic Ticket: \_\_\_\_\_ Court Date: \_\_\_\_\_

Contract issue: \_\_\_\_\_

Please state briefly the nature of the problem you wish to discuss with this office.

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

Opposing Party Name and Address: \_\_\_\_\_

\_\_\_\_\_  
Name of associated and/or related parties: \_\_\_\_\_

Have you or any member of your family been seen by anyone in this office?

Yes or No (circle one) If yes, state person's name and nature of the legal matter with which he/she was assisted.

\_\_\_\_\_

How were you referred: ARAG \_\_\_\_\_ HYATT \_\_\_\_\_

Phonebook: \_\_\_\_\_ Former Client: \_\_\_\_\_ Bar referral: \_\_\_\_\_

Court assignment: \_\_\_\_\_ Other lawyer: \_\_\_\_\_

Personal referral: \_\_\_\_\_