## STEVEN N. LONG, P.C.

## ATTORNEY AT LAW

## DOMESTIC CLIENT INTAKE - ABSOLUTE DIVORCE

CLIENT			
FULL NAME		PHONE HOME	
ADDRESS		WORK	
		CELL	
DOB	ACTIVE DU	TY MILITARY?	YES / NO
SOC SEC #	IF YES, BRANCH/RANK/DUTY STATION		
ADVERSE PARTY			
FULL NAME			
ADDRESS			
DOB		TY MILITARY?	YES / NO
SOC SEC #	IF YES, BRANCH/RANK/DUTY STATION		
DATE AND PLACE OF MARRIAGE			
DATE OF SEPARATION			
DO YOU WISH TO RESUME YOUR MAIDEN	NAME? YES	/ NO	
IF YES, DESIRED NAME AFTER	R DIVORCE: _		
PRE-MARITAL/POST-MARITAL AGREEM	ENTS:		
IS THERE A PRE-MARITAL AGREEMENT?	YES / NO	IF YES, PLEASE	PROVIDE A COPY.
IS THERE A POST-MARITAL AGREEMENT?	YES / NO	IF YES, PLEASE	PROVIDE A COPY.

## **CHILDREN BORN OF THE PARTIES**

Full		D	D' 1 1
Name	Age	Date of Birth	Birthplace
IS THERE A CUSTODY / VISITATION ORDER	P OR AGREEME	NT IN DI ACE?	YES / NO
		NI INTLACE:	ILS / NO
IF YES, PLEASE PROVIDE A COPY OF SAME	Ξ.		
IS THERE A CHILD SUPPORT ORDER OR AC	GREEMENT IN PI	LACE?	YES / NO
IF YES, PLEASE PROVIDE A COPY OF SAME	Ξ.		
<b>EQUITABLE DISTRIBUTION</b>			
BY SIGNING BELOW I HEREBY ACKNOW			
ABSOLUTE DIVORCE I WILL LOSE AN			~
DISTRIBUTION OF ANY MARITAL OR DIVI			
THE N.C. GENERAL STATUTES. FURTHER, I			MATION PROVIDED
HEREIN IS TRUE AND ACCURATE TO THE I	BEST OF MY KN	OWLEDGE.	
DATE:			
PRINTED NAME:			
SIGNATURE			