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DOMESTIC CLIENT INFORMATION

Date: _____

PLEASE TYPE OR PRINT:

Your Full Legal Name: _____

Maiden Name (if resuming): _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Telephone Number: _____

Cell Telephone Number: _____ Email: _____

Spouse's Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Spouse's Birthday: _____

Child/Children Full Legal Names and Birthdates: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____

Legal Plan: _____ Members Employer: _____

Membership/Eligibility ID Number: _____ Case Number: _____

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For Office Use:

Consult Divorce Separation Agreement QDRO Premarital Agreement

Other: _____

Drafts Ready: Called (date) _____ Client P/U (date) _____ Emailed(date) _____ Msg Left (date) _____

Final Docs Ready: Called (date) _____ Client P/U (date) _____ Emailed(date) _____ Msg Left (date) _____