

CLIENT INTAKE FORM – PRE MARITAL AGREEMENTS

PERSONAL INFORMATION

1. FULL NAME:

2. DATE OF BIRTH (*month/date/year*):

3. PROJECTED DATE OF MARRIAGE:

4. NUMBER OF THIS MARRIAGE FOR YOU (*e.g.: 1st, 2nd, etc.*):

5. HOME ADDRESS:

(street number & name) (city) (state) (zip) (county)

6. MAILING ADDRESS:

(street number & name) (city) (state) (zip) (county)

7. PHONE NUMBER:

_____ (home) _____ (work) _____ (cell)

8. E-MAIL ADDRESS*:

***We contact clients primarily through e-mail. If you would like to be contacted in another manner, please specify:** _____

9. EMPLOYER NAME:

10. EMPLOYER ADDRESS:

(street number & name) (city) (state) (zip) (county)

11. JOBTITLE:

12. ANNUAL INCOME:

13. DO YOU HAVE HEALTH INSURANCE? YES / NO

14. HEALTH INSURANCE PROVIDER:

INFORMATION ABOUT YOUR FUTURE SPOUSE

1. FULL NAME OF FUTURE SPOUSE:

2. SPOUSE'S DATE OF BIRTH (*month/date/year*):

3. FULL NAME AND ADDRESS OF FUTURE SPOUSE'S COUNSEL, IF ANY: (*if your spouse is representing him/herself, or if you do not know whether your spouse has counsel, please so indicate*):

4. NUMBER OF THIS MARRIAGE FOR FUTURE SPOUSE (*e.g.: 1st, 2nd, etc.*):

5. ADDRESS OF FUTURE SPOUSE:

(*street number & name*) (*city*) (*state*) (*zip*) (*county*)

6. NAME OF FUTURE SPOUSE'S EMPLOYER:

7. ADDRESS OF FUTURE SPOUSE'S EMPLOYER:

(*street number & name*) (*city*) (*state*) (*zip*)

8. ANNUAL INCOME:

INFORMATION ABOUT YOUR CHILD(REN)

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR FUTURE SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR FUTURE SPOUSE (*if any child is adopted, born to you but not to your future spouse, born to your future spouse but not to you, or if the relationship otherwise requires explanation, please so explain*):

- _____
- _____
- _____
- _____
- _____
- _____
- _____

SPECIAL CONCERNS

1. Please describe any health concerns you or your child(ren) might have:

2. Please describe the issue(s) of greatest concern to you relevant to this prenuptial agreement:

14. HEALTH INSURANCE PROVIDER:

INFORMATION ABOUT YOUR FUTURE SPOUSE

1. FULL NAME OF FUTURE SPOUSE:

2. SPOUSE'S DATE OF BIRTH (*month/date/year*):

3. FULL NAME AND ADDRESS OF FUTURE SPOUSE'S COUNSEL, IF ANY: (*if your spouse is representing him/herself, or if you do not know whether your spouse has counsel, please so indicate*):

4. NUMBER OF THIS MARRIAGE FOR FUTURE SPOUSE (*e.g.: 1st, 2nd, etc.*):

5. ADDRESS OF FUTURE SPOUSE:

(*street number & name*) (*city*) (*state*) (*zip*) (*county*)

6. NAME OF FUTURE SPOUSE'S EMPLOYER:

7. ADDRESS OF FUTURE SPOUSE'S EMPLOYER:

(*street number & name*) (*city*) (*state*) (*zip*)

8. ANNUAL INCOME:

INFORMATION ABOUT YOUR CHILD(REN)

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR FUTURE SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR FUTURE SPOUSE (*if any child is adopted, born to you but not to your future spouse, born to your future spouse but not to you, or if the relationship otherwise requires explanation, please so explain*):

- _____
- _____
- _____
- _____
- _____
- _____
- _____

SPECIAL CONCERNS

1. Please describe any health concerns you or your child(ren) might have:

2. Please describe the issue(s) of greatest concern to you relevant to this prenuptial agreement:

EXHIBIT A

PROPERTY OF CLIENT

A. Real Property:

All property in currently owned by _____ including but not limited to:

<u>Property</u>	<u>Approx. Value</u>
(1) _____	
(2) _____	
(3) _____	

Businesses:

- (1) _____
- (2) _____

Vehicles

- (1) _____
- (2) _____
- (3) _____

Checking Accounts: _____

Savings Accounts: _____

Household Goods: _____

EXHIBIT B

PROPERTY OF CLIENT'S FUTURE SPOUSE

A. Real Property:

All property in currently owned by _____ including but not limited to:

<u>Property</u>	<u>Approx. Value</u>
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(4) _____

(5) _____

(6) _____

Businesses:

(3) _____

(4) _____

Vehicles

(4) _____

(5) _____

(6) _____

Checking Accounts: _____

Savings Accounts: _____

Household Goods: _____