PRENUPTIAL AGREEMENT INTAKE FORM

CLIENT INFORMATION Full legal name: Current address: Maiden Name (if applicable): Current phone number: ______ Cell phone number (if different): ______ Email: _____ Social Security Number: _____ Date of birth: Place of birth: **INTENDED SPOUSE'S INFORMATION** Is your intended spouse represented by an attorney? Would you like me to refer an attorney for your intended spouse to have the agreement reviewed? If yes, please list the name, telephone number and address of Attorney: Full legal name: ______ Current address: Maiden Name (if applicable): Current phone number: _____ Cell phone number (if different): ______ Email: _____

Social Security Number:
Date of birth:
Place of birth:
GENERAL INFORMATION:
When do you intend to marry?
Have you lived together?
If so, for how long?
Do you wish to enter a prenuptial agreement in order to:
Address assets you expect to inherit or receive as a gift?
Address assets in the event of divorce?
Address assets for a child?
Address the distribution of assets in the event of death?
Do either of you have a Last Will or Testament?
Do ethici of you have a Last will of Testament:
PLEASE NOTE: In making a prenuptial agreement, each person has to make a full and complete financial disclosure to the other. The information contained in this form will be disclosed to the other spouse. If there are any assets not specifically identified in this form, please include those assets at the end.
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Wife's occupati	on:						
Employer:							
Monthly Gross	Income	(before taxes):					
Monthly Net In	come (a	fter taxes):					
Highest level of education:							
How long have you been employed in this profession?							
Please describe	any addi	tional income:					
Health issues of	Wife:						
REAL ESTAT	<u>E</u> :						
Does either par	ty currer	ntly own a house or a vacation l	nouse?				
Husband: Whe	n was it j	ourchased? Address?					
How did the party who own the property pay the down payment? (was there a family gift or did you draw from a specific account?)							
Estimated fair market value:							
Current Balance	e :						
Wife: When wa	ıs it purc	hased? Address?					
How did the pa	•	own the property pay the dov	vn payment? (was	there a family gif	ft or did you draw		
Estimated fair n	narket va	lue:					
Current Balance	e:						
<u>VEHICLES</u> :							
Husband's:	Year	Make and Model	Used by	Value	Amt. Owed		
Wife's:	Year	Make and Model	Used by	Value	Amt. Owed		

<u>VALUABLES</u>: Please list any collections, jewelry, antiques, collectibles or other valuables owned by you or your intended spouse:

Item		Estimated Value	
Item		Estimated Value	
Item		Estimated Value	
Item		Estimated Value	
			
<u>DEBTS</u>			
Husband:			
Creditor	Last 4 of Acct#	Amount	
Creditor	Last 4 of Acct#	Amount	
Creditor	Last 4 of Acct#	Amount	
Creditor	Last 4 of Acct#	Amount	
Wife:			
Creditor	Last 4 of Acct#	Amount	
Creditor	Last 4 of Acct#	Amount	
Creditor	Last 4 of Acct#	Amount	
Creditor	Last 4 of Acct#	Amount	

BANK ACCOUNTS

Bank/institution / Last 4 of Acct#:	
Type of account: (checking, savings, money market, CD, mutu	al fund, etc.)
Name on Account:	
Current balance:	
Bank/institution/ Last 4 of Acct#:	
Type of account: (checking, savings, money market, CD, mutu	al fund, etc.)
Name on Account:	
Current balance:	
Bank/institution/ Last 4 of Acct#:	
Type of account: (checking, savings, money market, CD, mutu	al fund, etc.)
Name on Account:	
Current balance:	
Bank/institution/ Last 4 of Acct#:	
Type of account: (checking, savings, money market, CD, mutu	al fund, etc.)
Name on Account:	
Current balance:	
STOCKS AND BONDS:	
Husband:	
Name of Company:	
Number of Shares: Valu	ne:
Wife: Name of Company:	
Number of Shares: Valu	ne:

PENSIONS, STOCK PURCHASE PLANS AND OTHER INVESTMENT ACCOUNTS:

Type of Account: (SEP, Keogh, IRA, pension, etc.)
Name on the account (participant):
Name of Fund Administrator:
Address:
Account Number:
Balance:
Type of Account: (SEP, Keogh, IRA, pension, etc.)
Name on the account (participant):
Name of Fund Administrator:
Address:
Account Number:
Balance:
Type of Account: (SEP, Keogh, IRA, pension, etc.)
Name on the account (participant):
Name of Fund Administrator:
Address:
Account Number:
Balance:
Type of Account: (SEP, Keogh, IRA, pension, etc.)
Name on the account (participant):
Name of Fund Administrator:
Address:
Account Number:
Balance:

LIFE INSURANCE POLICIES

Current life insurance policy owned by Husband:	
Beneficiary:	Premium Amount:
Policy Amount:	Policy Type:
Company Name:	Policy Number:
Current life insurance policy owned by Wife:	
Beneficiary:	Premium Amount:
Policy Amount:	Policy Type:
Company Name:	Policy Number:
BUSINESS (Incorporated or Sole Proprietorship):	
Name of Husband's Business:	
Address:	
Years in Business:	
Type of Business:	
Value of Business:	
Percentage of Ownership:	
Name of Wife's Business:	
Address:	
Years in Business:	
Type of Business:	
Value of Business:	
Percentage of Ownership:	

Please list any other assets: