

CLIENT INTERVIEW FORM
PRENUPTIAL AGREEMENT

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

City: _____ State: _____

County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____

cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

INTERVIEW QUESTIONS

Date of Marriage: _____

Where Married (City, County, and State): _____

	CLIENT	SPOUSE
Name:		
Former Name(s):		
Address: Street: City: State: County:		
Phone: Home: Work: Cell: Fax: Email:		
DOB:		
US Citizen:		
Soc. Sec.\ Alien Reg. No.:		
DL# & State:		
How long in state?		
Education - highest level achieved:		
Employment: Position/Title: Company Name: Company Address: Employer ID #: Hourly\Salaried: How\When Paid: Amount Paid: Gross: Net: Hours Worked: Bonus\Comm.:		
Other Income: (incl. any government benefits received)		
Health: Insurance Cov.: Status: Doctor(s):		
Counseling: Counselor:		
Religion/ Ethnicity:		
Military Service:		

	CLIENT	SPOUSE
You/your spouse pregnant?		
Significant Other?		
No. of Children: This marriage: Prior Marriages: Other:		

1

	Client	SPOUSE
Previously Married?		
For each prior marriage: Former spouse's name? How marriage ended? Date marriage ended? If alimony paid or received? Amount? Arrearage? Children? For child(ren) not of this marriage provide: Full Name(s): DOB: Name of other parent: With whom child resides: Child support paid or received: Amount: Arrearage?		

CHILDREN OF THIS MARRIAGE

	1st Child	2nd Child	3rd Child
Full Name:			
Date of Birth:			
Soc. Sec. #:			
Living with:			
School Attending & Grade:			
Special Needs:			
Adopted:			

	4th Child	5th Child	6th Child
Full Name:			
Date of Birth:			
Soc. Sec. #:			
Living with:			
School Attending & Grade:			
Special Needs:			
Adopted:			

ASSETS
REAL ESTATE ASSETS

HOMESTEAD/MARITAL RESIDENCE

Homestead Address: _____

Permanent Tax Number: _____

Legal Description: _____

Date purchased: _____ Price: \$ _____

How titled (whose name is it in): _____

Present Mortgage Balance: \$ _____

Payable: \$ _____ per _____

To: _____

Name and address of contract for deed holder: _____

Market value of property: \$ _____

Approximate Equity: \$ _____

Real Estate taxes: \$ _____

Insurance amount: \$ _____

Is this insurance included in house payment: Yes __ No __

Taxes: \$ _____

Are the house payments in arrears: Yes __ No __

If yes, what amount: \$ _____

Are the taxes in arrears: Yes __ No __

If yes, what amount: \$ _____

Home equity loan: Yes __ No __ If so, with whom: _____

Maximum authorized: _____

Balance owed: \$ _____ Monthly payment: _____

What are major improvements since house was purchased (date, type and cost): _____

OTHER NON-HOMESTEAD REAL ESTATE (vacation property, second home, vacant land, income property, etc.):

Location: _____

Type: _____

Legal description: _____

Date purchased: _____ Price: \$ _____

Whose name is it in: _____

Approximate present value: \$ _____

Approximate present equity: \$ _____

Mortgage balance: \$ _____

Payable: \$ _____ per _____

Contract for deed balance: \$ _____

Payable: \$ _____ per _____

Any rental income from property: Yes __ No__

If yes, what is the amount: \$ _____ per _____

ADDITIONAL REAL ESTATE (list here and provide above info. on blank sheet):

PERSONAL PROPERTY ASSETS

FINANCIAL ACCOUNTS (bank, money market, brokerage):

BANK/ INST.	ACCT. TYPE	ACCT. NO.	NAMES ON ACCT.	SOURCE OF FUNDS	AMOUNT

CERTIFICATES OF DEPOSIT (if not included above): _____

STOCKS HELD OUTSIDE OF BROKERAGE ACCOUNTS:

Company name: _____

Number of shares: _____

Whose name is it in: _____

Value: \$ _____ Source of funds: _____

BONDS HELD OUTSIDE OF BROKERAGE ACCOUNTS:

Type: _____

Whose name is it in: _____

Value: \$ _____ Source of funds: _____

SAFETY DEPOSIT BOX: Yes ___ No ___ Location: _____

Access to: _____

Contents: _____

VEHICLES (include: automobiles, pickups, boats, trailers, motorcycles, snowmobiles, or campers):

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Type & Make:				
Model:				
Title Owner(s):				
When bought:				
Lien-holder:				
Bal. Owed:				
Value:				
Whose Possession:				

RETIREMENT FUNDS/BENEFITS:

	CLIENT	SPOUSE
Pension (describe with whom, type, benefits)		
IRA (location, present value)		
401(k) or other deferred savings (location, present value)		
Stock Purchase Plans (with whom, value)		

	CLIENT	SPOUSE
Stock Option Plans (describe)		

BUSINESS OWNERSHIP:

Name of Company: _____

Type of Business: _____

Address: _____

Service or product: _____

Date acquired: _____

Cost of Investment: _____

Stock interest: _____

How Acquired: _____

Approximate Value: _____

Shareholders/Co-owners: _____

MISCELLANEOUS PROPERTY:

Any other significant personal property (over \$1,000.00):

Any other property (contracts, patents, etc.): Yes __ No __ If yes, describe: _____

Do you or your spouse have any money or property held by others:

Yes __ No __

If yes, give details: _____

Unless described already, was your or your spouse's separate money or property at the time of marriage in excess of \$1,000: Yes __ No __

If yes, please explain: _____

Unless described already, what part, if any, of your marriage estate was received by you or your spouse by inheritance, gift or damages resulting from personal injury claim (state by whom received, from whom, nature

and date received): _____

Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved):

BANKRUPTCY

Have you, your spouse, and you jointly filed bankruptcy: Yes __ No __

If so, please state who filed, when filed, and what chapter, and whether discharged: _____

DEBTS/LIABILITIES

MORTGAGE(S): Yes __ (see above) No __ **VEHICLE LOANS:** Yes __ (see above) No __

CREDIT CARDS:

Company & Account No.	In Whose Name(s)	For What Purpose(s)	When Open	Bal. Owed

OUTSTANDING MEDICAL BILLS:

Provider	For Whom	Balance Due	Monthly Payment

STUDENT LOANS:

Any student loans: Yes __ No __

If so, whose: _____

Bal. owed: _____ When incurred: _____

Payment: _____

OTHER:

Any other loans: Yes __ No __ Who owed: _____

If so, in whose name: _____

For what: _____

Bal. owed: _____ When incurred: _____

Payment: _____

Any other debts not mentioned: Yes __ No __ Please describe (How much owed, to whom, for what): _____

PROPERTY:

What do you consider as a fair division of your property and debts:___

Describe the items of property each party should receive:

Describe the items of debt each party should receive:

RETIREMENT: _____

ADDITIONAL COMMENTS: _____

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____

CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***