

Prenuptial Questionnaire

Thank you for contacting us regarding your prenuptial planning. The following questionnaire will be used during your initial consult to determine if there is a sufficient need for our services. Completing this questionnaire does not obligate you to engage us as your attorney, nor does it obligate us to engage you as a client. By signing below you acknowledge the nature of your initial consultation is exploratory only, and no attorney-client relationship is being formed. However, to ensure that an accurate assessment of your case can be made, your answers should be accurate and honest.

Name of person completing form

Signature

Date

Children's Information

Child 1

Full Legal Name: _____ Nickname: _____

Date of Birth: _____ Parent: P. Client Fiancé(e) Both Adopted/Other _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Status: Married, Spouse's name: _____ Divorced Widowed Single

Special Needs: Medical Educational Financial

Grandchildren	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child 2

Full Legal Name: _____ Nickname: _____

Date of Birth: _____ Parent: P. Client Fiancé(e) Both Adopted/Other _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Status: Married, Spouse's name: _____ Divorced Widowed Single

Special Needs: Medical Educational Financial

Grandchildren	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child 3

Full Legal Name: _____ Nickname: _____

Date of Birth: _____ Parent: P. Client Fiancé(e) Both Adopted/Other _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Status: Married, Spouse's name: _____ Divorced Widowed Single

Special Needs: Medical Educational Financial

Grandchildren	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child 4

Full Legal Name: _____ Nickname: _____

Date of Birth: _____ Parent: P. Client Fiancé(e) Both Adopted/Other _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Status: Married, Spouse's name: _____ Divorced Widowed Single

Special Needs: Medical Educational Financial

Grandchildren	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Please summarize or provide copies (if available) of the following that may be applicable to your situation:

- Powers of Attorney you have signed;
- Wills or Trusts which name you as the beneficiary;
- Life insurance policies and beneficiary designations;
- Trusts which you have created;
- Real property owned by you;
- Partnership Agreements and Shareholder Agreements to which you may be a party;
- Pre-nuptial Agreement, separation agreement, divorce decree or other documents of support obligation for former spouse or children;
- Installment Sales Contracts to which you may be a party;
- Qualified pension profit sharing plan or IRA benefits

<u>Existing Estate Planning :</u>	<u>Prospective Client</u>	<u>Fiancé(e)</u>	<u>Date Document Executed</u>
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily benefit:\$ _____ Term _____

PLEASE PROVIDE ASSET INFORMATION NEXT PAGE

Financial Information Sheet

It is very important you indicate in each category owner ship and dollar amount separately, as well as total value

MONTHLY INCOME

<u>SOURCE</u>	<u>P. CLIENT</u>	<u>FIANCÉ(E)</u>	<u>JOINT</u>	<u>TOTAL</u>
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

ASSET INFORMATION AS OF _____ - Please provide total amount for each type of asset and who owns

<u>TYPE OF ASSET</u>	<u>P. CLIENT</u>	<u>FIANCÉ(E)</u>	<u>JOINT</u>	<u>TOTAL</u>
Cash, Checking, Savings, CDs, Money Market & Cash Management Accounts	\$	\$	\$	\$
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA, 401k, 403B, SEP, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	D.B.\$ C.V.\$	D.B.\$ C.V.\$	D.B.\$ C.V.\$	D.B.\$ C.V.\$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in brokerage accounts)	\$	\$	\$	\$
Annuities: \$=original amount invested date=month/year purchased CV=Current Value	\$ ____ d: __/____ CV _____	\$ ____ d: __/____ CV _____	\$ ____ d: __/____ CV _____	\$ ____ d: __/____ CV _____
Real estate: residence (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles,	\$	\$	\$	\$
TOTAL ASSETS	\$	\$	\$	\$

OTHER ASSETS NOT LISTED:

<u>TYPE</u>	<u>P. CLIENT</u>	<u>FIANCÉ(E)</u>	<u>JOINT</u>	<u>TOTAL</u>
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

<u>TYPE</u>	<u>P. CLIENT</u>	<u>FIANCÉ(E)</u>	<u>JOINT</u>	<u>TOTAL</u>
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTEREST:

<u>TYPE</u>	<u>P. CLIENT</u>	<u>FIANCÉ(E)</u>	<u>JOINT</u>	<u>TOTAL</u>
Farm	\$	\$	\$	\$
Partnership or LLC interest	\$	\$	\$	\$
Corporations <input type="checkbox"/> S-Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Other things you think we should know:
