



Prenuptial/Postnuptial Agreement Intake

Client's Name:

Fiancé's/Spouse's Name:

Date:

Spouse 1

First Name:	
Middle Name:	
Last Name:	
Maiden Name:	
Have you ever been known by any other name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other legal names:
Date of Birth:	
Social Security Number:	
Street Address:	
City/Town:	
State & Zip Code:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
How many times have you been married?	

Spouse 1's Employment

Your Occupation:	
Name of Your Employer:	
Employer's Street Address:	
Employer City, State, and Zip Code	
Employer's Telephone Number:	

Spouse 1's Children

Do you have children born or adopted <u>prior to</u> this marriage/relationship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many children?	
Are there any previous court actions involving these children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Name:	
Court location:	
Docket Number(s):	
Date of last Order/Judgment:	
Disposition of last Order/Judgment:	

Child 1

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Child 2

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State &	
	Zip Code:	

Child 3

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State &	
	Zip Code:	

Child 4

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Child 5

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Spouse 2

First Name:	
Middle Name:	
Last Name:	
Maiden Name:	
Have you ever been known by any other name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other legal names:
Date of Birth:	
Social Security Number:	
Street Address:	
City/Town:	
State & Zip Code:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
How many times have you been married?	

Spouse 2's Employment

Your Occupation:	
Name of Your Employer:	
Employer's Street Address:	
Employer City, State, and Zip Code	
Employer's Telephone Number:	

Spouse 2's Children

Do you have children born or adopted <u>prior to</u> this marriage/relationship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many children?	
Are there any previous court actions involving these children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Name:	
Court location:	
Docket Number(s):	
Date of last Order/Judgment:	
Disposition of last Order/Judgment:	

Child 1

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Child 2

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State &	
	Zip Code:	

Child 3

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State &	
	Zip Code:	

Child 4

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Child 5

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Children In Common

Do you have children born or adopted into this marriage/relationship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many children?	
Are there any previous court actions involving these children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Name:	
Court location:	
Docket Number(s):	
Date of last Order/Judgment:	
Disposition of last Order/Judgment:	

Child 1

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State &	
	Zip Code:	

Child 2

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Child 3

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Child 4

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Child 5

First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Social Security Number:		
Gender:		
City and State of Birth:		
With whom does this child live?	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State & Zip Code:	

Marriage Details

Date of Marriage:	
City/Town of Marriage:	
County of Marriage:	
State of Marriage:	
Country of Marriage:	

Purpose Of Agreement

Would you like the agreement to segregate your separate property in the event of death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like the agreement to segregate your separate property in the event of divorce?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like the agreement to include provisions regarding alimony in the event of a separation or divorce?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like the agreement to include provisions regarding the division of marital property in the event of a separation or divorce?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like the agreement to include provisions regarding child support in the event of a separation or divorce?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like the agreement to allocate certain responsibilities during the marriage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>