

INTAKE SHEET FOR PRENUPTIAL OR COHABITATION AGREEMENT

Please answer all questions honestly and completely so that we may check for any potential conflicts of interest and so that we may properly evaluate your case.

-ALL INFORMATION CONTAINED HEREIN IS KEPT STRICTLY CONFIDENTIAL-

TODAY'S DATE:		
Is anyone accompanying you	to the consultation?	If yes, please give names of each person
and your relationship to each:		
**Please be aware that by allo attorney-client privilege that m	. ,	n your legal consultation, you are waiving any
I. PERSONAL INFORMAT	ΓΙΟΝ	
Your full name:		
Maiden Name (if applicable): _		
Name you prefer to be called:		
Phone -Home:	wk:	cell:
Your home address:		
		ng?
Others currently residing in sa	me household, and relation	ship of each:
May we send correspondence	ce to you at the address li	sted above? [] YES [] NO
* If no, where?		
Date of Birth:	Social security	#:
DL # and State:		
Occupation:	Employer: _	
Employer address:		
		[] full time [] part time [] temporary
		ion [] other:



Do you receive bonuses?	if yes, now oπen?				
How are you paid (every week, every other Friday, etc.):					
Average gross monthly income from job:					
Work schedule:					
Are you required to travel for v	vork? If yes, how often?				
List income from all other sou	rces (disability, rental income, royalties, etc.):				
Professional licenses or degree	es held:				
Emergency Contact(s):					
1. Name:	Phone:				
Relationship:					
2. Name:	Phone:				
Relationship:					
Maiden Name (if applicable):					
	Place of birth (city, state): cell:				
	- TOX 11				
	County:				
Mailing address (if different from	om above):				
	me household with him/her:				
	DL # and State:				
Occupation:	Employer:				
Employer's address:					
How long at that job?	This job is: [] full time [] part time [] temporary				
] hourly wage [] commissions [] other:				
Does he/she receive bonuses	? If yes, how often?				



Average gross monthly incom	ne from job:		
Income from all other sources			
Describe his/her work schedu	le (days of week, times	, etc.):	
Is he/she required to travel for	r work? If so,	how often?	
Professional licenses or degre	ees held:		
III. GENERAL INFORMATI	ON:		
Are there currently minor child	dren from this relations	hip? [] NO [] YE	S
If yes, how many:Na	mes and ages:		
Expected Date of Marriage:_			
Place of Marriage (city, state)	:		
Previous Marriages?			
Are you and/or your future sp	ouse currently in a ban	kruptcy?	
If yes, when will the ba	ankruptcy be completed	?	
Your main goals for the prenu	uptial agreement are:		
What issues do you fore	see with the negoti	ation of the prepur	otial/cohabitation agreement
		ation of the promap	via vonasnation agreement
IV. JURISDICTION			
	Yourself	Your Spouse	Your children
County of residence:			

How long in that county?

How long in Texas?

Prior county / state:

How long there?



V. DEBTS AND ASSETS:

Δ	Real Property:						
Λ.	• •						
	Address of residence: County:						
	Who is living in the home at this time?	_					
	Who is making the mortgage or rent payment at this time?	_					
	The residence is [] leased [] owned Amount of monthly payment:\$						
	Name(s) on lease or note:						
	Name(s) on deed:	_					
	How was it acquired? (inheritance, gift, purchase, etc.)						
	Approximate date property was purchased or acquired:						
	What significant improvements have been made to the home and what is the value		the				
	improvements?						
	Approximate value of home:		_				
	Total amount owed on home (all leins):						
	1 st leinholder:						
	Amount owed on loan: Monthly payment:						
	Name(s) on note:						
	2 nd leinholder:						
	Amount owed on loan: Monthly payment:						
	Name(s) on note:						
	B. Other real property owned (land, rent houses, etc.)						
	1. Address:		_				
	County:		_				
	How was it acquired? (inheritance, gift, purchase, etc.)						
	When acquired (approximate date)?		_				
	What is the property being used for?						
	Amount of monthly income received from this property:						
	Approximate value: Amount owed:						
	Monthly payment:Leinholder:						



	improv	ements on property:		
	Other of	owners, and percentages of	fownership:	
2.		SS:		
			, gift, purchase, etc.)	
	When a	acquired (approximate date)?	
	What is	the property being used fo	r?	
			ed from this property:	
	Approx	rimate value:	Amount owed:	
	Monthl	y payment:	Leinholder:	
	Improv	ements on property:		
	Other of	owners, and percentages of	fownership:	
3.	Addres	s:		
			County:	
	How w	as it acquired? (inheritance	, gift, purchase, etc.)	
	When a	acquired (approximate date)?	
	What is	the property being used fo	r?	
	Amoun	t of monthly income receive	ed from this property:	
	Approx	rimate value:	Amount owed:	
	Monthl	y payment:	Leinholder:	
	Improv	ements on property:		
	Other of	owners, and percentages of	fownership:	
C.	Minera	al Rights		
	a.	Property Address :		
			County:	
		Amount per month:	Term of lease:	
		When and how acquired:_		
	b.			
			County:	
		Amount per month:	Term of lease:	
		When and how acquired:		



D. Businesses owned by either party:

	1.	Registered Name of company:				
		Type of business:				
		When acquired or formed:				
		By whom?				
		Capacity that each party is involved:				
		Other owners, partners, and percentage of ownership of each:				
		Approximate annual income earned from this business:				
		Approximate value of company:				
		Nature and value of hard assets owned by company (i.e., equipment, furniture, etc.)				
2.	R	egistered Name of company:				
		Type of business:				
		When acquired or formed:				
		By whom?				
		Capacity that each party is involved:				
		Other owners, partners, and percentage of ownership of each:				
		Approximate annual income earned from this business:				
	Approximate value of company:					
		Nature and value of hard assets owned by company (i.e., equipment, furniture, etc.)				
Ve	hic	les (owned or leased):				
1.		/ehicle driven primarily by <u>you</u> (year, model, make):				
		VIN:				
		Owned or leased? Monthly payment:				

E.



	Name(s) on the lease or note:_	
	Leinholder:	
		Approximate value:
	Is this vehicle used for work rela	ated purposes?
2.	Vehicle driven primarily by yo	our future spouse (year, make, model):
	VIN:	
	Owned or leased?	Monthly payment:
	Name(s) on the lease or note:	
	Leinholder:	
	Amt owed on vehicle:	Approximate value:
	Is this vehicle used for work rela	ated purposes?
3. O	Other vehicles owned (boats, plane	es, 4-wheelers, etc.)
a.	. Type:	
	VIN:	
	Owned or leased?	Monthly payment:
	Name(s) on the lease or note:	
	Leinholder:	
	Amt owed on vehicle:	Approximate value:
	Is this vehicle used for work re	lated purposes?
b	. Type:	
	VIN:	
	Owned or leased?	Monthly payment:
	Name(s) on the lease or note:	
	Leinholder:	
	Amt owed on vehicle:	Approximate value:
	Is this vehicle used for work re	lated purposes?
. Sep	parate property not otherwise lis	sted above:
1	1. Yours-	
	a. All other property of sign	nificant value (artwork, equipment, appliances, etc.)
	; include values and loca	ation of property:



		b.	List all propert	y of significant value that y	ou have received as a result of a gift or
			inheritance; ind	clude date acquired and lo	cation of property:
		C.	List funds you	have received as a result	of a personal injury settlement:
			When and wh	nere were funds deposited	?
	;	2. Fu	ture Partner's–		
		a.	All other prope	erty of significant value (ar	twork, equipment, appliances, etc.)
			; include value	es and location of property	:
		b.	List all proper	ty of significant value that	your future spouse received as a resul
			of a gift or inh		uired and location of property:
			List funds you	ur futuro opougo boo roc	oived as a result of a paragraph injury
		C.	•	•	eived as a result of a personal injury
					?
G.	Savings	accoui	nts, checking a	ccounts	
	_		stitution	Amount	In whose name
	1.	-			
	2				
	4				
	5.				



H. Life insurance policies, amounts, beneficiaries:

	For you:			
	Insurance company	Whole or Term	Value	<u>Beneficiary</u>
	1			
	2			
	For your future spouse:			
	Insurance company	Whole or Term	Value	Beneficiary
	1			
	2			
I. F	Retirement Benefits			
	For you:			
	Name/type of account	Value Date	Acquired	
	1			
	2			
	3			
	For your future spouse:			
	Name/type of account	Value Da	ate Acquired	
	1			
	2			
	3			
J.	Other investments: (type, am	nount, in whose name, etc.)		
	1			
	2			
	3			
	4			
K.	Airline miles, gym membershi _l	ps, club memberships, etc	: :	
	1. <u>In your name:</u>			
	a			
	b			
	2. <u>In your future spouse's name</u>	<u>e:</u>		
	a			
	b			



L. Separate Debts

1. Yours: List all existing debt incurred by you before the marriage, and all student loans	
Incurred by you at any time (including creditor names and amounts):	
a	
b	
C	
d	
2. Your Future Spouse's: List all debt incurred by your spouse before the marriage, and all stud	ent
loans incurred by your spouse at any time (include creditor names and amounts):	
a	
b	
C	
d	
Other than student loans, list all existing debt that you have acquired together before the marriage dand any that you anticipate will be incurred during the marriage, regardless of whose name it is in: Creditor Amount of debt In whose name Purpose of debt 1. 2.	
3	_
4	_
Ideally, how would you like to see the community debt distributed?	
Ideally, how would you like to see community property distributed?	



Other children:

1.	 Do you have minor children that are NOT of this relationship? [] NO [] YES how many? 			
	Who do they live with?	Who	has legal custody?	_
	You are: [] paying child supp	ort [] receiving child	support [] neither	r
	Amount: \$	oer	_	
2.	Does your future spouse have r	ninor children that are N	OT of this marriage: []NO []YES
	If yes, how many? W	ho do they live with?		
	Who has legal custody?			
	Your spouse is: [] paying ch	ild support [] receivir	ng child support [] neither
	Amount: \$	oer		
VI	Discount of the Market			
XI.	Please sign below if this inf	ormation is true and c	omplete to the best	of your knowledge:
	Cianatura		Doto	
	Signature:		Date:	
	Drintad Nama:			
	Printed Name:			