

INTAKE SHEET FOR POST-NUPTIAL AGREEMENT

Return to legal@danawhitefamilylaw.com

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 y	ou to the consultation?	If yes, please give names of each person
and your relationship to each	ch:	
**Please be aware that by attorney-client privilege that		on your legal consultation, you are waiving any
I. PERSONAL INFORM	IATION	
Your full name:		
Name you prefer to be called	ed:	
Phone -Home:	wk:	cell:
		County:
This residence is: [] perm	anent [] temporary – how	long?
Others currently residing in	same household, and relatio	nship of each:
May we send correspond	ence to you at the address	listed above? [] YES [] NO
* If no, where?		
Date of Birth:	Social security	<i>ı</i> #:
DL # and State:		
Occupation:	Employer:	
Employer address:		
How long at that job?	This job is	s: [] full time [] part time [] temporary
You are paid: [] Salary] hourly wage [] commis	sion [] other:
Do you receive bonuses?	If yes, how often?	



	How are you paid (every week, every other Friday, etc.):							
Average gross monthly income from job:								
Work schedule:	Work schedule:							
Are you required to travel for work? If yes, how often?								
List income from all other source	s (disability, rental income, royalties, etc.):							
Professional licenses or degrees	s held:							
Emergency Contact(s):								
1. Name:	Phone:							
Relationship:								
2. Name:	Phone:							
Relationship:								
Maiden Name (if applicable): Date of birth:	Place of birth (city, state):							
	work:cell:							
E-mail address:	fax #:							
Residence Address:								
	County:							
Mailing address (if different from	above):							
Others currently residing in sam	e household with him/her:							
SS #:	DL # and State:							
	Employer:							
	This job is: [] full time [] part time [] temporary							
Spouse is paid: [] Salary []	Spouse is paid: [] Salary [] hourly wage [] commissions [] other:							



Does he/she receive bonuses? If yes, how often?
Average gross monthly income from job:
Income from all other sources (disability, investments, royalties, etc.):
Describe his/her work schedule (days of week, times, etc.):
Is he/she required to travel for work? If so, how often?
Professional licenses or degrees held:
III. GENERAL INFORMATION ABOUT THE MARRIAGE:
Are there currently minor children from this relationship? [] NO [] YES
If yes, how many:
Names and ages:
Date of Marriage:
Place of Marriage (city, state):
Previous Marriages?
Are you and/or your spouse currently in a bankruptcy?
If yes, when will the bankruptcy be completed?
Your main goals for the postnuptial agreement are:



/. JURISDICTION			
	Yourself	Your Spouse	Your children
County of residence:	Toursen	Tour Spouse	Tour cilliaren
How long in that county?			
How long in Texas?			
Prior county / state:			
How long there?			
. DEBTS AND ASSETS:			
. DEBTS AND ASSETS:			
eal Property:			
eal Property: ddress of residence:			
deal Property:		County:	
eal Property: ddress of residence: /ho is living in the home at	this time?	_ County:	
deal Property:	this time?e or rent payment at	County:t this time?	



Appro	ximate date	property was p	urchas	ed or a	acquire	d:								
What	significant	improvements	have	been	made	to	the	home	and					the
Appro	ximate valu	e of home:												
		ed on home (all												
		der:												
	Am	nount owed on le	oan:					Mo	nthly	payme	ent:		-	
	Name(s) o	on note:												
	2 nd lienhold	der:												
		nount owed on le												
	Name(s) o	on note:												
B. Ot	her real pro	operty owned (land, r	ent ho	ouses,	etc.)							
	1. Addres	s:												_
	How wa	as it acquired? (Inherit	ance, (gift, pur	cha	se, e	tc.)						



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:Lienholder:	
Improvements on property:	
Other owners, and percentages of ownership:	
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:Lienholder:	
Improvements on property:	
Other owners, and percentages of ownership:	
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:	



	Approx	imate value:	Amount owed:
	Monthly	y payment:	Lienholder:
	Improv	ements on property:	
	Other o	owners, and percentages of o	wnership:
C.	Minera	al Rights	
	a.		
			County:
			Term of lease:
	b.		
			County:
			Term of lease:
		When and how acquired:	
D.	Busin	esses owned by either part	y:
	1.	Registered Name of compar	ny:
		Type of business:	
		By whom?	
		Capacity that each party is in	nvolved:
		Other owners, partners, and	percentage of ownership of each:
		Annual de la constant	a annual frama this business.
		Approximate value of compa	earned from this business:



Na	ature and value of hard assets owned by company (i.e., equipment, furniture, etc.)
R	egistered Name of company:
	egistered Name of company: pe of business:
	hen acquired or formed:
	whom?
	apacity that each party is involved:
Ot	her owners, partners, and percentage of ownership of each:
Ap	proximate annual income earned from this business:
Αp	proximate value of company:
Na	ature and value of hard assets owned by company (i.e., equipment, furniture, etc.)



E. Vehicles (owned or leased):

	Monthly payment:					
Name(s) on the lease or note:						
Lienholder:						
Amt owed on vehicle:	Approximate value:					
Is this vehicle used for work relate	ed purposes?					
Vehicle driven primarily by your spouse (year, make, model):						
VIN:						
Owned or leased?	Monthly payment:					
Name(s) on the lease or note:						
Lienholder:						
Amt owed on vehicle:	Approximate value:					
Is this vehicle used for work related purposes?						
	all and a large state of the st					
Other vehicles owned (boats, Type: VIN: Owned or leased?						
Type: VIN: Owned or leased? Name(s) on the lease or note:	Monthly payment:					
Type: VIN: Owned or leased? Name(s) on the lease or note: Lienholder:	Monthly payment:					
Type: VIN: Owned or leased? Name(s) on the lease or note: Lienholder: Amt owed on vehicle:	Monthly payment: Approximate value:					
Type: VIN: Owned or leased? Name(s) on the lease or note: Lienholder: Amt owed on vehicle: Is this vehicle used for work rela	Monthly payment: Approximate value: ted purposes?					
Type: VIN: Owned or leased? Name(s) on the lease or note: Lienholder: Amt owed on vehicle: Is this vehicle used for work relative. Type:	Monthly payment: Approximate value:					



		Nam	ne(s) on the lease or note:
		Lien	holder:
			owed on vehicle: Approximate value:
		Is th	is vehicle used for work related purposes?
F.	Sepai	rate p	property not otherwise listed above:
	1.	Yo	urs–
		a.	All other property of significant value (artwork, equipment, appliances, etc.)
			Include values and location of property:
		b.	List all property of significant value that you have received as a result of a gift of
			inheritance; include date acquired and location of property:
		C.	List funds you have received as a result of a personal injury settlement:
			NA/learn and whome were founded along edited O
			When and where were funds deposited?
	4.	Spo	ouse's-
		a.	All other property of significant value (artwork, equipment, appliances, etc.)
			Include values and location of property:



	b.	List all property	of significant value th	at your spouse received as a	resul
		of a gift or inherita	<i>nce;</i> include date acquir	ed and location of property:	
	C.	List funds your sp	ouse has received <i>as a</i>	result of a personal injury settle	ment
			+		
		When and where	were funds deposited?		
G	S Savings a	ccounts, checking	accounts		
Ĭ	or ournigo a	Joodine, oncoming			
	Banking Ins	stitution	Amount	In whose name	_
1					_
2					
3					_
4.					
5					



H. Life insurance policies, amounts, beneficiaries:

For you:			
Insurance company	Whole or Term	Value	<u>Beneficiary</u>
1			
2			
2			
F			
For your spouse:			
Insurance company	Whole or Term	Value	<u>Beneficiary</u>
1			
2			
I. Retirement Benefits			
For you:			
i or you.			
Name/type of account	Value Da	te Acquired	
1			
2			
3.			
•			
For your spouse:			
roi youi spouse.			
Name/type of account	Value	Date Acquired	
1			



2.	
3.	
J.	Other investments: (type, amount, in whose name, etc.)
1	
K.	Airline miles, gym memberships, club memberships, etc.:
1.	<u>In your name:</u>
	a
	b
)	In your spouse's name:
	your opouro o mamor
	a. <u> </u>
	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			_		
Your Spouse's: List all debt incurred by your spouse before the marriage, and all studen loans incurred by your spouse at any time (include creditor names and amounts):					
a					
b					
C					
d					
M. Community De	ebts:				
Other than student regardless of whos	loans, list all existing debt tha e name it is in:	t you have acquired toge	ether during the marriage,		
Creditor	Amount of debt	In whose name	Purpose of debt		
1					
2.					
3.					
4.					



Ideally, how would you like to see community property distributed?	
Other children NOT of this marriage:	
1. Do <i>you</i> have minor children that are NOT of this relationship? [] NO [] YES	
If YES, how many?	
Who do they live with?	
Who has legal custody?	
You are: [] paying child support [] receiving child support [] neither	
Amount: \$ per	
2. Does <i>your spouse</i> have minor children that are NOT of this marriage: [] NO [] YES	
If yes, how many?	
Who do they live with?	
Who has legal custody?	
Your spouse is: [] paying child support [] receiving child support [] neither	
Amount: \$ per	



XI.	Please sign below if this information is true and complete to the best of your knowledge:			
	Signature:	Date:		
	Printed Name:			