

PERSONAL INFORMATION WORKSHEET AND QUESTIONNAIRE

Personal Information Worksheet For Premarital Agreement

Please provide the information requested below. This questionnaire is divided into two parts. The first part asks for personal information about you and your fiancé(e). The second part asks for information about your financial affairs. Your responses will help us understand your objectives and evaluate your needs. **The information you provide us, including the answers to the questions below, is confidential, meaning we will not share it with your fiancé(e), or with his or her attorney, unless you authorize us to do so.**

Today's Date:			
Expected date of marriage:			
Marriage will take place at:			
Who referred you:			
ABOUT MYSELF			
1. Name:			
2. Social security number:			
3.	Phone Numbers	O.K. to phone here?	
		Yes	No
Home		<input type="checkbox"/>	<input type="checkbox"/>
Do you have caller ID on home phone?		<input type="checkbox"/>	<input type="checkbox"/>
Work		<input type="checkbox"/>	<input type="checkbox"/>
Mobile		<input type="checkbox"/>	<input type="checkbox"/>

Other		<input type="checkbox"/>	<input type="checkbox"/>
		Call before sending fax?	
		Yes	No
Work Fax		<input type="checkbox"/>	<input type="checkbox"/>
Home Fax		<input type="checkbox"/>	<input type="checkbox"/>
4. Sex	Age:	Place of Birth:	
Date of Birth:			
Country(ies) of citizenship:			
5. Addresses		Is this e-mail address password protected?	
		Yes	No
Work e-mail:		<input type="checkbox"/>	<input type="checkbox"/>
Home e-mail:		<input type="checkbox"/>	<input type="checkbox"/>
Other e-mail:		<input type="checkbox"/>	<input type="checkbox"/>
Mailing address:			
Should this be marked Personal & Confidential?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Residential address (if different):			
County/state of residence:			
How long resident of state (years/months):			
6. Former name(s):			
7.			
Employer:		Position/occupation:	
Address:			
		Length of this employment:	

		Usual work days/times:
		Approximate monthly gross pay:
8. Health problems for which special attention or care is necessary:		

9. Education:					
Level	Graduate?		Degree type/subject	Date	School
	Yes	No			
High School	<input type="checkbox"/>	<input type="checkbox"/>			
Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>			
Graduate/Prof.	<input type="checkbox"/>	<input type="checkbox"/>			
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>			
Post Doc	<input type="checkbox"/>	<input type="checkbox"/>			
			Yes	No	Type of degree seeking
					Expected date of graduation

Are you currently in school?	<input type="checkbox"/>	<input type="checkbox"/>		
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10. I was married ___ times before this marriage.			
	Former Spouse Name	Date marriage terminated	How terminated (death, divorce)
1.			
2.			
3.			
4.			
5.			

11. For each child born to or adopted by you:					
Name	Age	Birth date	With whom does child reside?	School	Grade

12. Financial obligations to former spouse(s)/children:

13. Names and ages of any children of this relationship:
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Name	Age	Birth date	With whom does child reside?	School	Grade

14. Major (nonroutine) financial obligations to children of current relationship (e.g., college expenses):

15. Wills and estate planning:

	I do not have a will.
	I have a will executed on (date): .
	I have the following estate planning arrangements in place (e.g., annual cash gifts, revocable or irrevocable trust; life insurance trust, etc.):
	I have an estate planning attorney (Name):
	I do not have an estate planning attorney.

ABOUT MY FIANCÉ(E)
16. Name:
17. Social security number:

18.	Phone Numbers	Note: We will not contact your fiancé(e) if he/she is represented by counsel.	
Home			
Does your fiancé(e) have caller ID on home phone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work			
Mobile			
Other			
		Call before sending fax?	
		Yes	No
Work Fax		<input type="checkbox"/>	<input type="checkbox"/>
Home Fax		<input type="checkbox"/>	<input type="checkbox"/>

19. Sex		Age:		Date of Birth:		Place of Birth:	
20. Country(ies) of citizenship:							
If not U.S. citizen, what is immigration status?							

21. Addresses			
Work e-mail:			
Home e-mail:			
Other e-mail:			
Mailing address:		Residential address:	
Should this be marked Personal & Confidential? <input type="checkbox"/> No <input type="checkbox"/> Yes			

22. County/state of residence:		
How long resident of state:		
23. Former name(s):		
24. Health problems for which special attention or care is necessary:		

25. Education:					
Level	Graduate?		Degree type/subject	Date	School
	Yes	No			
High School	<input type="checkbox"/>	<input type="checkbox"/>			
Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>			
Graduate/Prof.	<input type="checkbox"/>	<input type="checkbox"/>			
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>			
Post Doc	<input type="checkbox"/>	<input type="checkbox"/>			
			Yes	No	Type of degree seeking
			Yes	No	Expected date of graduation
Is fiancé(e) currently in school?			<input type="checkbox"/>	<input type="checkbox"/>	
26. Fiancé(e) currently has an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No					
27. If yes, list contact information for opposing counsel if known:					
	Attorney's name:				
	Firm:				

	Address:	
	Phone:	

28. My fiancé(e) was married ___ times before the marriage.

	Former Spouse Name	Date marriage terminated	How terminated (death, divorce)

29. For each child born or adopted into previous marriage(s), list the following:

Name	Age	Birth date	With whom does child reside?	School	Grade

30. Financial obligations to former spouse(s), children:

ABOUT THE MARRIAGE			
31. Date:		Place:	
What plans have already been made and/or carried out:			
ABOUT THE PREMARITAL AGREEMENT			
32. Premarital agreement is desired by:			
Me	Fiancé(e)	Both	Other
If other, please explain:			
33. My objectives in seeking a premarital agreement are:			

1. Amounts and Sources of Income:					
Source	Type*	Expected amt. this calendar year	Amt. last calendar year	Amt. 2 calendar years ago	Significant changes expected

* S = salary; P = pension; D = dividends; I = interest; C = capital gains; T = trust; R = rent; O = other

2. Real Estate:							
Type**	Address	Date purchased	Price	Current value	Balance owed on mortgage	How titled?	

** R = residence, I = investment/rental, U = unimproved land, F = farm or ranch, C = commercial property, V = vacation property (non-rental)

3. Automobiles and other motor vehicles (including motorcycles, RVs, motorboats):

How titled?	Year	Make & model	Amount owed	Current value

4. Personal property: Identify items of special monetary or sentimental value and then aggregate remaining items into general categories such as furniture, furnishings, books, sports and hobby equipment, etc.

Description	Date of acquisition	Purchase price	Amount of lien, if any	Fair market value

5. Cash (checking, savings credit union, money market, Treasury bills, CDs, etc.)

How titled? joint owners/% of interest?	Name of financial institution	Type of ac- count	Balance as of _____ [date]	Held in pay-on- death or other survivorship form?

6. Defined contribution retirement plans (e.g., IRA, SEP-IRA, 401(k), profit sharing, ESOP, federal TSP, 403(b), other)

Participation date	Financial institution/Name of plan administrator	Type of plan or account	Current value	Valuation date	Name of current beneficiary

7. Defined benefit pension plans (e.g., private sector pension plan, CSRS, FERS, military, Foreign Service, state or other government, international organization)

Participation date	Sponsoring entity (e.g., company, union, government or organization)	Name of plan	Accrued benefit	Date eligible for retirement	Name of current beneficiary

8. Other deferred compensation plans or benefits (e.g., stock options, stock bonus, stock awards, supplemental retirement plans, restricted shares)

Sponsoring entity (e.g., company, union, government or organization)	Type of benefit	Number of shares or units	Present value	Valuation date	Name of current beneficiary

9. Are any of your retirement benefits subject to the rights of a former spouse? If yes, please provide particulars and a copy of the court order:

10. Securities (mutual funds, bonds, limited partnerships, stocks) or attach account statement.

Name of other owners; % of interest	Broker/Name of fund/Name of company	Description (# of shares, % interest)	Current value	Valuation date

11. Life insurance policies:

Name of insurance company	Policy no.	Type (whole life, term)	Death benefit	Annual premium	Cash value	Name of current beneficiary

12. Business interests. Describe any interest in any business, professional practice, or corporation, giving approximate value of interest where possible:

13. Are you the beneficiary of any trusts or estates? If yes, please provide details:

