

Conflict Check: \_\_\_\_\_ Retainer: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Costs: \_\_\_\_\_

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**CONFIDENTIAL CLIENT INTAKE INFORMATION**

Today's date: \_\_\_\_\_

**CLIENT INFORMATION**

NAME: \_\_\_\_\_

Other names used in the past: \_\_\_\_\_

- Do not send correspondence to this address!*  
If you retain our services we will need you to provide a safe address and phone number for us to maintain contact with you.

ADDRESS: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth \_\_\_\_\_ S/S# \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Any serious medical issues/diagnosis? \_\_\_\_\_

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Will you and your fiancé exchange medical information?  Yes  No

**MY PRIOR MARRIAGES**

NAME OF SPOUSE: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

Case Number: \_\_\_\_\_

**FAMILY INFORMATION:**

Please list minor children of prior marriage/relationship:

Child's Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____

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Are you or the other party pregnant?

Yes

No

**YOUR INCOME**

1. Description of your current job/occupation/ business: \_\_\_\_\_

a. Current Employer: \_\_\_\_\_

b. How long have you been employed with current employer? \_\_\_\_\_

c. What is your annual income? \_\_\_\_\_

2. Other sources of income (*Attach a page if necessary.*) \_\_\_\_\_

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**YOUR ASSETS**

1. Do you own real property?  Yes  No

If yes, please provide:

a. ADDRESS: \_\_\_\_\_

b. FORM OF TITLE: \_\_\_\_\_

c. NAME(S) IN WHICH TITLE IS HELD: \_\_\_\_\_

d. DATES OF PURCHASE OR ACQUISITION: \_\_\_\_\_

e. PURCHASE PRICE: \_\_\_\_\_

f. AMOUNT BORROWED AT PURCHASE: \_\_\_\_\_

g. IDENTIFY ALL ENCUMBERANCES: \_\_\_\_\_

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h. CURRENT LOAN BALANCE: \_\_\_\_\_

i. HAS THE PROPERTY BEEN APPRAISED? \_\_\_\_\_ (If yes, please provide the latest appraisal)

j. CURRENT OCCUPANTS OF THE PROPERTY: \_\_\_\_\_

IF YOU OR YOUR SPOUSE OWN ANY OTHER REAL PROPERTY PLEASE IDENTIFY THE ADDRESS/ YEAR PURCHASED/ PURCHASE PRICE/ MORTGAGES/ AND CURRENT FAIR MARKET VALUE:

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**BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT**

FOR EACH BANK ACCOUNT set forth the NAME OF THE BANK, NAME OF THE ACCOUNT, LAST FOUR DIGITS OF THE ACCOUNT NUMBER, TYPE OF THE ACCOUNT AND APPROXIMATE BALANCE.

1. 

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2. 

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3. 

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4. 

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**TRADING AND BROKERAGE ACCOUNTS AND STOCKS AND BONDS**

FOR ACCOUNT set forth the NAME OF THE FINANCIAL INSTITUTION, TYPE OF THE ACCOUNT, LAST FOUR DIGITS OF THE ACCOUNT NUMBER, AND APPROXIMATE CURRENT VALUE. Please also indicate whether the account is held jointly or solely.

1. 

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2. 

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3.

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**PENSIONS, RETIREMENT ACCOUNTS, ESOPS, 401K AND IRAS**

1. NAME OF ALL SUCH ACCOUNTS AND FINANCIAL INSTITUTION WHERE HELD: \_\_\_\_\_

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2. CURRENT VALUE OF ALL SUCH ACCOUNTS: \_\_\_\_\_

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3. PLAN ADMINISTRATOR: \_\_\_\_\_

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**LIFE INSURANCE POLICIES**

For each policy set forth the company name, agent's address, policy number, insured's name, beneficiaries premium, face amount, and cash value, if known.

1. \_\_\_\_\_

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2. \_\_\_\_\_

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**HEALTH INSURANCE, ACCIDENT AND/OR DISABILITY POLICIES**

Please list the policy type, company name, policy number, insured's name, coverage and premium for each of the policies.

1. \_\_\_\_\_

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2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU OWN A BUSINESS?** (Additional business questionnaire will also be provided.)

Yes       No

*If yes, please describe briefly:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTOMOBILES, BOATS, MOTORCYCLES AND OTHER**

PLEASE PROVIDE THE YEAR, MAKE, MODEL, DATE AND PRICE OF PURCHASE, MONTHLY PAYMENTS, AND BALANCE DUE.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU OWN ANY OTHER SIGNIFICANT ASSETS OTHER THAN THOSE PREVIOUSLY IDENTIFIED?**

Yes       No

*If yes, please describe all such assets and provide your estimated FMV of each such asset:* \_\_\_\_\_

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**LIABILITIES**

1. Do you have any credit card debt?  Yes  No

2. If so, name all such credit cards and balances due on each card.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

3. Identify all auto loans. \_\_\_\_\_

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4. Identify all mortgages by lender, amount of principal balance currently due and type of mortgage. \_\_\_\_\_

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5. Identify all equity lines of credit you currently have, lenders and how much is owed on each line of credit. \_\_\_\_\_

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6. Do you have any other significant liabilities other than those identified herein? If so describe the liability and provide your estimate of the current value of that liability.

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**DO YOU HAVE AN ACCOUNTANT?**

Yes  No

*If so, provide contact name and information:* \_\_\_\_\_

**INFORMATION ABOUT YOUR FIANCE**

**NAME:** \_\_\_\_\_

Other names used in the past: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

State of health (i.e. does he or she have any serious medical issues which you know of): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Email: \_\_\_\_\_

**PRIOR MARRIAGES OF YOUR FIANCE:**

Name of Fiancé's Former Spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Date of divorce: \_\_\_\_\_

**DOES YOUR FIANCE HAVE CHILDREN?**  Yes  No

If so please provide names, date of birth, age and sex:

Child's Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OCCUPATION OF YOUR FIANCE:**

1. Current job/Occupation: \_\_\_\_\_
2. Employer: \_\_\_\_\_
3. How long has your fiancé been employed by current employer? \_\_\_\_\_
4. Annual income: \_\_\_\_\_

**ASSETS OF YOUR FIANCE:**

**1. REAL PROPERTY:**

a) Address: \_\_\_\_\_

- b) Date acquired: \_\_\_\_\_
- c) Acquisition price: \_\_\_\_\_
- d) Estimated current value: \_\_\_\_\_
- e) Mortgages and amounts: \_\_\_\_\_

2. **BANK ACCOUNTS** (currently held by your fiancé):

Bank	Type	Last 4 digits Account #	Amount on deposit
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3. **TRADING, BROKERAGE ACCOUNTS** (held by your fiancé):

Name of financial institution	Type of account	Current value
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4. **401K/ RETIREMENT OR PENSION ACCOUNTS** (held by your fiancé):

1) Name of all such financial institutions where accounts are held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Current value of all such accounts: \_\_\_\_\_

\_\_\_\_\_

3) Names of all plan administrators: \_\_\_\_\_

\_\_\_\_\_

5. **LIFE INSURANCE POLICIES** (held by your fiancé):

1) Identify all existing policies: \_\_\_\_\_

\_\_\_\_\_



2) Names of carrier: \_\_\_\_\_

3) Names of beneficiaries of each policy: \_\_\_\_\_

4) Amount and type of coverage: \_\_\_\_\_

**DOES YOUR FIANCE OWN OR HAVE STAKE IN ANY BUSINESSES?**  Yes  No

*If yes, describe briefly* (Provide known details of the business, what is your fiancé's stake in the business, what is your estimate of the current fair market value of the business.)

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**DOES YOUR FIANCE HAVE ANY SIGNIFICANT ASSETS OTHER THAN THOSE PREVIOUSLY IDENTIFIED?** If so, please describe all such assets, and provide estimate of fair market value for each such asset.

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**YOUR FIANCE'S LIABILITIES:**

1. Does your fiancé have any credit card debt?  Yes  No

If so, name all such credit cards and amount of the current balance owed on the card(s): \_\_\_\_\_

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2. Identify all auto loans for your fiancé: \_\_\_\_\_

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3. Identify all mortgages held by your fiancé by lender, amount or principal balance currently due on all such loans, and type of mortgage:

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- Identify all equity lines of credit, which your fiancé currently has, lenders, and how much, if any, he or she currently owes on each line of credit.

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- Does your fiancé have any other significant liabilities other than those identified herein? If so, describe. \_\_\_\_\_

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**Your fiancé's accountant:**

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Your fiancé's attorney:**

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**INFORMATION ABOUT YOU AND YOUR FIANCE**

- Are you currently living with your fiancé? \_\_\_\_\_

- If so, identify all residences/ locations where you and your fiancé lived together: \_\_\_\_\_

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- Date cohabitation first began: \_\_\_\_\_

- Where will be your marital home? \_\_\_\_\_

- Is this currently a home of one prospective spouse? If so, whose? \_\_\_\_\_

**AFTER MARRIAGE:**

- Who will pay for the **cost of housing**?

Paid for equally by the parties

Paid for by the parties in proportion to their net taxable income

- Husband
- Wife
- Other: \_\_\_\_\_

7. If new purchases of **household furnishings** will be made, will they be:

- Paid for equally by the parties?
- Paid for by the parties in proportion to their net taxable income?
- Paid for by the husband?
- Paid for by the wife?
- Paid for by the party who made the purchase?

8. With respect to **routine living expenses**, will they be:

- Paid for equally by the parties?
- Paid for by the parties in proportion to their net taxable income?
- Paid for by the husband?
- Paid for by the wife?

9. With respect to **automobile repair** maintenance and replacement, will these expenses be:

- Paid for equally by the parties?
- Paid for by the parties in proportion to their net taxable income?
- Paid for by the husband?
- Paid for by the wife?
- Paid for by the party for whose benefit the cost was incurred?

10. With respect to **health insurance**, will such premiums be:

- Paid for equally by the parties?
- Paid for by the parties in proportion to their net taxable income?
- Paid for by the husband?
- Paid for by the wife?
- Paid individually by each party?

11. **Un-reimbursed medical expenses.** These expenses are those rising out of deductibles or co-insurance. Such expenses will be:

- Paid for equally by the parties?
- Paid for by the parties in proportion to their net taxable income?
- Paid for by the husband?
- Paid for by the wife?
- Paid for by the party for whose benefit the cost was incurred?

12. **Catastrophic illness expense.** A catastrophic illness expense is one that is not covered by health insurance or the limits of the insurance coverage have been exceeded. Such expenses will be:

- Paid for equally by the parties?
- Paid for by the parties in proportion to their net taxable income?
- Paid for by the husband?
- Paid for by the wife?
- Paid for by the party for whose benefit the cost was incurred?

13. **Long term care expense.** Care in a nursing home or assisted living facility is not covered by Medicare or most health insurance policies.
- a. Do you currently have Long Term Care insurance? \_\_\_\_\_ If so, list coverage information.  
\_\_\_\_\_
- b. Does your fiancé currently have Long Term Care insurance? \_\_\_\_\_ If so, list coverage information. \_\_\_\_\_
- c. If either does not have coverage, are there health issues that might prevent the purchase of Long Term Care Insurance? \_\_\_\_\_
14. **Extraordinary expenses.** These expenses are non-routine, unusual expenses that are not medical expenses and not routine expenses. Such expenses will be:
- Paid for equally by the parties?  
 Paid for by the parties in proportion to their net taxable income?  
 Paid for by the husband?  
 Paid for by the wife?  
 Paid for by the party for whose benefit the cost was incurred?
15. **Tax returns.** If from time to time you and your prospective spouse should find it beneficial to file a joint tax return, then the cost of the taxes and preparation will be:
- Paid for equally by the parties?  
 Paid for by the parties in proportion to their net taxable income?  
 Paid for by the husband?  
 Paid for by the wife?
16. With respect to **vacation and travel**, such expenses will be:
- Paid for equally by the parties?  
 Paid for by the parties in proportion to their net taxable income?  
 Paid for by the husband?  
 Paid for by the wife?
17. If upon discussion with your prospective spouse you have agreed to do any of the following, please check the appropriate box and specify the details beneath:
- a. Will you give prospective spouse the **right to live in the marital residence for life**, after your death?
- yes  no
- b. Have you agreed to leave your prospective spouse **any specific property in your will**?

yes  no

If so, describe: \_\_\_\_\_

c. Have you agreed to name your prospective spouse as beneficiary of any **life insurance proceeds**?

yes  no

d. Have you agreed to name your spouse as beneficiary of **any employment benefits**?

yes  no

If so, name of employee benefit plan? \_\_\_\_\_

18. Have you agreed to own any assets jointly with your prospective spouse with right of survivorship?

yes  no

If so, describe such property. \_\_\_\_\_

\_\_\_\_\_

**AGREEMENTS CONCERNING PAYMENTS AND/OR DISPOSITION OF PROPERTY BEFORE OR AFTER MARRIAGE:**

Will you and your spouse exchange or permit disclosure of other information including but not limited to credit reports and information held by law enforcement agencies?  Yes  No

Have you and your fiancé reached any agreements about payments made to one another before or after the consummation of marriage? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you and your fiancé reached any agreements about sharing the title or interest in certain property that currently belongs to one of you? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

