

Prenuptial/Postnuptial Agreement Intake

Client's Name:				
Fiancé's/Spouse's Name:				
Date:				
	Snou	go 1		
	<u>Spou</u>	<u>se 1</u>		
First Name:				
Middle Name:				
Last Name:				
Maiden Name:				
Have you ever been known		Yes □	No □	
by any other name?	Other legal r	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 E	<u>mploymer</u>	<u>nt</u>	
Your Occupation:				
Name of Your Employer:				
Employer's Street Address:				
Employer City, State, and Z	Zip Code			
Employer's Telephone Nun				

Spouse 1's Children

Do you have children bo	-	Y	es □	No □
prior to this marriage/rela	_			
If yes, how many children				
Are there any previous	court actions	Y	es □	No □
involving these children?				
Court Name:				
Court location:				
Docket Number(s):				
Date of last Order/Judgme				
Disposition of last Order/J	udgment:			
	<u>Child</u>	<u>1</u>		
	Г			
First Name:				
Middle Name:				
Last Name:				
Date of Birth:				
Social Security Number:				
Gender:				
City and State of Birth:				
With whom does this	Moth	er □ Fa	thor - (Other □
child live?	IVIOU	ici 🗆 Fa	uici 🗆 (
If child lives with	Street Address:			
someone other than	City/Town:			
Mother or Father, please	State &			
list the child's address:	Zip Code:			

First Name:				
Middle Name:				
Last Name:				
Date of Birth:				
Social Security Number:				
Gender:				
City and State of Birth:				
With whom does this child live?	Moth	er 🗆	Father □	Other
If child lives with	Street Address:			
someone other than	City/Town:			
Mother or Father, please	State &			
list the child's address:	Zip Code:			
	Child :	<u>3</u>		
First Name:				
Middle Name:				
Last Name:				
Date of Birth:				
Social Security Number:				
Gender:				
City and State of Birth:				
With whom does this child live?	Moth	er 🗆	Father □	Other
If child lives with	Street Address:			
someone other than	City/Town:			
Mother or Father, please	State &			
list the child's address:	Zip Code:			

First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Social Security Number:			
Gender:			
City and State of Birth:			
With whom does this	Mothe	r 🗆 🛮 Eather 1	□ Other □
child live?	Wiother	rather l	
If child lives with	Street Address:		
someone other than	City/Town:		
Mother or Father, please	State &		
list the child's address:	Zip Code:		
	<u>Child 5</u>		
First Name:	<u>Child 5</u>		
First Name: Middle Name:	Child 5		
	Child 5		
Middle Name:	Child 5		
Middle Name: Last Name:	Child 5		
Middle Name: Last Name: Date of Birth:	Child 5		
Middle Name: Last Name: Date of Birth: Social Security Number:	Child 5		
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this			□ Other □
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live?	Mother		□ Other □
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Mother Street Address:		□ Other □
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with someone other than	Mother Street Address: City/Town:		□ Other □
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Mother Street Address:		□ Other □

Spouse 2

First Name:			
Middle Name:			
Last Name:			
Maiden Name:			
Have you ever been known		Yes □	No □
by any other name?	Other legal n	ames:	
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 E	<u>mploymer</u>	<u>nt</u>
Your Occupation:			
Name of Your Employer:			
Employer's Street Address:			_
Employer City, State, and Z	Zip Code		
Employer's Telephone Nun	nher.		

Spouse 2's Children

Do you have children bo prior to this marriage/rela	-	Yes □ No □
If yes, how many children	-	
Are there any previous involving these children?		Yes □ No □
Court Name:		
Court location:		
Docket Number(s):		
Date of last Order/Judgme		
Disposition of last Order/J	udgment:	
	Chi	ld 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?	Me	other □ Father □ Other □
If child lives with	Street Address	S:
someone other than	City/Town:	
Mother or Father, please	State &	
list the child's address:	7in Codo	

First Name:				
THST Maine.				
Middle Name:				
Last Name:				
Date of Birth:				
Social Security Number:				
Gender:				
City and State of Birth:				
With whom does this child live?	Moth	er 🗆	Father □ Other □	
If child lives with	Street Address:			
someone other than	City/Town:			
Mother or Father, please	State &			
list the child's address:	Zip Code:			
	<u>Child</u>	<u>3</u>		
First Name:				
First Name: Middle Name:				
Middle Name:				
Middle Name: Last Name:				
Middle Name: Last Name: Date of Birth: Social Security Number: Gender:				
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth:				
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this	Moth	er 🗆	Father □ Other □	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live?		er 🗆	Father □ Other □	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Street Address:	er 🗆	Father Other	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with someone other than	Street Address: City/Town:	er 🗆	Father Other	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Street Address:	er 🗆	Father Other	

First Name:				
Middle Name:				
Last Name:				
Date of Birth:				
Social Security Number:				
Gender:				
City and State of Birth:				
With whom does this	Moth	er 🗆	Father □	Other
child live?	WIOUII	<u> </u>		Other L
If child lives with	Street Address:			
someone other than	City/Town:			
Mother or Father, please	State &			
list the child's address:	Zip Code:			
	Child:	<u>5</u>		
First Name:	<u>Child</u> :	<u>5</u>		
First Name: Middle Name:	Child :	<u>5</u>		
	Child:	<u>5</u>		
Middle Name:	Child:	<u>5</u>		
Middle Name: Last Name:	<u>Child</u>	<u>5</u>		
Middle Name: Last Name: Date of Birth:	<u>Child</u>	5		
Middle Name: Last Name: Date of Birth: Social Security Number:	Child:	5		
Middle Name: Last Name: Date of Birth: Social Security Number: Gender:			Father -	Other □
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live?		<u>5</u> er □	Father	Other
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with			Father	Other
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with someone other than	Mother Street Address: City/Town:		Father	Other
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Mother Street Address:		Father	Other

Children In Common

Do you have children born or adopted into this marriage/relationship?	Yes □ No □
If yes, how many children?	
Are there any previous court actions involving these children?	Yes □ No □
Court Name:	
Court location:	
Docket Number(s):	
Date of last Order/Judgment:	
Disposition of last Order/Judgment:	
<u>Chi</u>	<u>lld 1</u>
First Name:	
Middle Name:	

State &

Zip Code:

Mother or Father, please

list the child's address:

First Name:					
Middle Name:					
Last Name:					
Date of Birth:					
Social Security Number:					
Gender:					
City and State of Birth:					
With whom does this child live?	Mothe	er 🗆 🛚 I	Father	Other	
If child lives with	Street Address:				
someone other than	City/Town:				
Mother or Father, please	State &				
list the child's address:	Zip Code:				
	Child 3	<u>3</u>			
First Name:	Child 3	<u>3</u>			
First Name: Middle Name:	Child 3	<u>3</u>			
	<u>Child 3</u>	3			
Middle Name:	Child 3	<u> </u>			
Middle Name: Last Name: Date of Birth: Social Security Number:	Child 3	}			
Middle Name: Last Name: Date of Birth: Social Security Number: Gender:	Child 3	3			
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth:	Child 3	3			
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this			Father □	Other □	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live?	Mothe		Father \Box	Other	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Mother Street Address:		Father 🗆	Other	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with someone other than	Mother Street Address: City/Town:		Father 🗆	Other	
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Mother Street Address:		Father	Other	

First Name:				
Middle Name:				
Last Name:				
Date of Birth:				
Social Security Number:				
Gender:				
City and State of Birth:				
With whom does this child live?	Moth	er 🗆	Father □	Other
If child lives with	Street Address:			
someone other than	City/Town:			
Mother or Father, please	State &			
list the child's address:	Zip Code:			
	<u>Child</u> :	<u>5</u>		
First Name:	<u>Child</u> :	5		
First Name: Middle Name:	Child :	<u>5</u>		
	<u>Child</u>	5		
Middle Name:	Child :	5		
Middle Name: Last Name:	Child :	5		
Middle Name: Last Name: Date of Birth: Social Security Number: Gender:	<u>Child</u>	5		
Middle Name: Last Name: Date of Birth: Social Security Number:	Child:	5		
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live?		<u>5</u> er □	Father	Other
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this			Father	Other
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with someone other than	Moth		Father	Other
Middle Name: Last Name: Date of Birth: Social Security Number: Gender: City and State of Birth: With whom does this child live? If child lives with	Mother Street Address:		Father	Other

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 □	No □
Would you like the agreement to segregate your separate property in the event of divorce?	Yes □	No □
Would you like the agreement to include provisions regarding alimony in the event of a separation or divorce?	Yes □	No 🗆
Would you like the agreement to include provisions regarding the division of marital property in the event of a separation or divorce?	Yes □	No 🗆
Would you like the agreement to include provisions regarding child support in the event of a separation or divorce?	Yes □	No 🗆
Would you like the agreement to allocate certain responsibilities during the marriage?	Yes □	No □