

## PRENUPTIAL INTERVIEW FORM

Date: \_\_\_\_\_

***(Please complete carefully and in full. All of this information is critical to forming a valid Premarital Agreement. Please Print)***

1. Referred to this firm by: \_\_\_\_\_
2. Ever married before?  Yes  No      How many times? \_\_\_\_\_
3. How terminated?  -Death  -Dissolution  -Annulment      When? \_\_\_\_\_
4. Does either party have an attorney?  No  Yes  Yes, both of us have an attorney.  
Attorney's Name: \_\_\_\_\_ Represents:  You  Fiancé  Both  
Attorney's Name: \_\_\_\_\_ Represents:  You  Fiancé  Both

### **YOUR GOALS:**

Please identify your goals for the Prenuptial Agreement:

- Limit spousal support in the event the marriage is eventually dissolved.
- Generate and enable specific property rights, including limitations on the creation of community property during the marriage.
- Establish the preservation of separate property during the marriage, items which the individual owned beforehand.
- Define the values of specific items of separate property, such as stock market investments and cars.
- Render your income separate property.
- In the event one of the spouses contests the agreement, declare who will pay the attorney fees, and who is responsible for court costs.
- Define which state's laws will apply if the premarital agreement is challenged.
- OTHER: \_\_\_\_\_
- OTHER: \_\_\_\_\_
- OTHER: \_\_\_\_\_
- OTHER: \_\_\_\_\_
- OTHER: \_\_\_\_\_

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### **PART I**

<b>You</b>		
<b>CONTACT INFORMATION</b>		
Name: _____		
<i>(First, Middle, Last)</i>		
Address: _____		
City: _____	St: _____	Zip: _____
Telephone: _____	Preferred? <input type="checkbox"/>	
Cell Phone: _____	Preferred? <input type="checkbox"/>	
Email Address: _____		
Age: _____	Date of Birth: _____	
Social Security Number: _____		

<b>Other Party (Fiancé)</b>		
<b>CONTACT INFORMATION</b>		
Name: _____		
<i>(First, Middle, Last)</i>		
Address: _____		
City: _____	St: _____	Zip: _____
Telephone: _____	Preferred? <input type="checkbox"/>	
Cell Phone: _____	Preferred? <input type="checkbox"/>	
Email Address: _____		
Age: _____	Date of Birth: _____	
Social Security Number: _____		







**PERSONAL FINANCIAL STATEMENT**

It is not necessary to show exact values. Give your best estimate. Place an "X" in the column of the person who owns the asset. ("Other" = Fiancé) Life insurance should be in the column of the insured.

DESCRIPTION <i>Please attach a current statement for each item as available.</i>	Who owns?			Current Gross Fair Market Value	Amount of Money Owed or Encumbrance
	You	Other	Both		
RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Sch. C.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER ASSETS					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TOTAL ASSETS</b>					

**PERSONAL FINANCIAL STATEMENT**

It is not necessary to show exact values. Give your best estimate. Place an "X" in the column of the person who owns the asset. ("Other" = Fiancé) Life insurance should be in the column of the insured.

DESCRIPTION <i>Please attach a current statement for each item as available.</i>	Who owns?			Current Gross Fair Market Value	Amount of Money Owed or Encumbrance
	You	Other	Both		
<b>DEBTS</b>					
<i>Do not include mortgages shown above in Assets section.</i>					
TAXES <i>(Give details.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
LOANS-UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
OTHER DEBTS <i>(Specify.)</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<b>TOTAL DEBTS</b>				N/A	



**PART IV**

**TOTAL MONTHLY EXPENSES**

List total monthly living expenses for yourself and all dependents who you expect to be living with you.

	<b>You</b>	<b>Other Party (Fiancé)</b>
Rent or mortgage payments (residence)	\$	\$
Real property taxes (residence)	\$	\$
Real property insurance (residence)	\$	\$
Maintenance (residence)	\$	\$
Food and household supplies	\$	\$
Utilities	\$	\$
Telephone	\$	\$
Laundry and cleaning	\$	\$
Clothing	\$	\$
Medical	\$	\$
Dental	\$	\$
Insurance (life, health, accident, etc.)	\$	\$
Child care	\$	\$
Payment of child/spousal support re prior marriage	\$	\$
School	\$	\$
Entertainment	\$	\$
Incidentals	\$	\$
Transportation	\$	\$
Auto expenses (insurances, gas, oil repair)	\$	\$
Auto payments	\$	\$
Installment payments-Insert total and itemize below	\$	\$
Haircuts	\$	\$
Gifts	\$	\$
Vacations	\$	\$

<b>Creditor's Name</b>	<b>For</b>	<b>Monthly Payment</b>	<b>Balance</b>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

<b>Other: (Specify)</b>		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>