

Marital Agreement Questionnaire

Client		Fiance/Spouse	
Full Name:		Full Name:	
Other Names Used:		Other Names Used:	
Mailing Address:		Mailing Address:	
E-Mail Address:	Phone:	E-Mail Address:	Phone:
Work Phone:	Fax:	Work Phone:	Fax:
US Citizen?		US Citizen?	
Referred by:		Attorney:	

Prior Marriages?

Client		Fiance/Spouse	
Date:	Place:	Date:	Place:
Divorce/Death?	Date:	Divorce/Death?	Date:
Residence:		Residence:	
Children		Children	
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:

Children		Children	
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:
Name:	Age:	Name:	Age:
Date of Birth:	Lives with:	Date of Birth:	Lives with:

Any other prior marriages? If so, attach another page.

Any other children? If so, attach another page.

Do any children have any special health, dental or educational needs? _____

Employment

Client	Fiance/Spouse
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Occupation:	Occupation:
Employer's Phone:	Employer's Phone:

Assets

Real							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Business Interests							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Bank Accounts CDs							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Investments							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Retirement							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

IRA/Keogh							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Insurance							
Description (Policy No.)	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Vehicles							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Other (Jewelry, Etc.)							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Debts							
Loans							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Credit Cards							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Other							
Description	Title (Jt/H/W)	Date Acq'd	Classification (M/S)	Value	Lien	Equity	Comments

Does the client have any medical conditions? _____

Does the fiance/spouse have any medical conditions? _____

Education

Client	Fiance/Spouse
Highest Level Completed:	Highest Level Completed:
Name of School:	Name of School:
Special Training:	Special Training:

Contribution from Fiance/Spouse:	Contribution from Fiance/Spouse:
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Other Professionals Engaged

Client			Fiance/Spouse		
Name	Address	Phone	Name	Address	Phone
Accountant					
Financial Advisor					
Insurance Agent					
Stock Broker					
Physician					
Other					

Do you have an estate plan? _____

Have you made a plan for future disability or mental incapacity? _____

Do you have long-term care insurance? _____