PRENUPTIAL QUESTIONNAIRE

Date: _____
Referred By: _____

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information. The information you provide on this form provides us with necessary information so that we can do our best work for you. Your thoroughness will alert us to items we should review. We do not know the facts of your case as well as you do. Tell us as much as you know.

Social Security Number Privacy Policy

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary, in limited use during the course of your case.

_____ Date: _____
Signature

Client	Intended Spouse
Name:	Name:
_____	_____
First Last Maiden	First Last Maiden
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
DOB: _____	DOB: _____
Social Security No. _____	Social Security No. _____
Status:	Armed Forces Status: _____
☐ Never Married	Status:
☐ Divorced: Date: _____	☐ Never Married
☐ Widowed: Date: _____	☐ Divorced: Date: _____
Veteran _____ Widow of Veteran? _____	☐ Widowed: Date: _____
	Veteran _____ Widow of Veteran? _____
Preferred Method of Contact:	
_____ Mail _____ Email _____ Text	

This Marriage

Anticipated Date: _____ Place: _____

Does either party have assumed or former names, such as a maiden name, or nicknames, that should be included?

_____ Yes _____ No

If yes, what are the names: _____

Employment & Income

Client	Intended Spouse
Employer: _____	Employer: _____
Address: _____	Address: _____
_____	_____

Education

Highest Degree Obtained: _____	Highest Degree Obtained: _____

Children

Child 1

Full Legal Name: _____

Date of Birth: _____ Parent: Client Intended Spouse Both Adopted/Other

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Status: Under 18 Married Divorced Widowed Single

Special Needs: Medical Educational Financial

Grandchildren:	Parents:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child 2

Full Legal Name: _____

Date of Birth: _____ Parent: ☐ Client ☐ Intended Spouse ☐ Both ☐ Adopted/Other

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Status: ☐ Under 18 ☐ Married ☐ Divorced ☐ Widowed ☐ Single

Special Needs: ☐ Medical ☐ Educational ☐ Financial

Grandchildren:	Parents:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child 3

Full Legal Name: _____

Date of Birth: _____ Parent: ☐ Client ☐ Intended Spouse ☐ Both ☐ Adopted/Other

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Status: ☐ Under 18 ☐ Married ☐ Divorced ☐ Widowed ☐ Single

Special Needs: ☐ Medical ☐ Educational ☐ Financial

Grandchildren:	Parents:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

****** if additional children, please let us know so that we can provide you another sheet***

Please summarize or provide copies (if available) of the following that may be applicable to your situation:

- Powers of Attorney that you have signed;
- Wills/Trusts which name you as a beneficiary;
- Life insurance policies and beneficiary designations;
- Trusts which you have created;
- Real property owned by your
- Partnership Agreements and Shareholder Agreements to which you may be a party
- Pre-nuptial agreement, separation agreement, divorce decree, or other documents of support obligations for former spouse or children;
- Installment Sales Contracts to which you may be a party
- Qualified pension profit sharing plan or IRA beneficts

Existing Estate Planning

	Client (Yes or No)	Intended Spouse (Yes or No)	Date Document Executed
Will			
Trust			
Power of Attorney			
Health Care Proxy			
Living Will			
Long-Term Care Insurance			Daily Benefit: _____ Term: _____

Finances

Source	**Client**	**Intended Spouse**	**Joint**	**Total**
Wages				
Pension				
Social Security				
Investments				
Other				
Total Value				

Asset Information as of _____

Please provide total amount for each type of asset and who owns.

Property

Do either of you have any real property (i.e. house, land, vacation homes, buildings, etc.)? If yes, please describe as follows:

If possible, please provide copies of deeds.

Client	Intended Spouse
Address: _____	Address: _____
All Names on Deed:	All Names on Deed:
_____	_____
_____	_____
Date of Purchase: _____	Date of Purchase: _____
Value at Date of Purchase: $ _____	Value at Date of Purchase: $ _____
Present Value: $ _____	Present Value: $ _____
Balance of mortgage: $ _____	Balance of mortgage: $ _____
Monthly payment: (including taxes and insurance):	Monthly payment: (including taxes and insurance):
$_____	$_____

Vehicles

Year/Make/Model:	Year/Make/Model:
_____	_____
Please circle: Owned or Leased?	Please circle: Owned or Leased?
All names on title or lease agreement:	All names on title or lease agreement:
_____	_____
_____	_____
Date of purchase or lease: _____	Date of purchase or lease: _____
Approx. Present Value: _____	Approx. Present Value: _____
Payments per month? _____	Payments per month? _____

Bank Accounts

Savings Accounts

1. Bank: _____

   Name on Account: _____ Balance: _____

2. Bank: _____

   Name on Account: _____ Balance: _____

Checking Accounts

1. Bank: _____

   Name on Account: _____ Balance: _____

2. Bank: _____

   Name on Account: _____ Balance: _____

Cash on Hand: _____

Pension/Retirement

Employer: _____

Vested ____ or NonVested ____ Account No. _____

Present Cash Value or monthly benefit: _____ Loan: _____

Employer: _____

Vested ____ or NonVested ____ Account No. _____

Present Cash Value or monthly benefit: _____ Loan: _____

Other Accounts

Bank/Depository/Company: _____

Names on Account/Ownership: _____ Balance: _____

Type: ___ Certificate of Deposit ___ Stock ___Bond ___ Brokerage Account ___ Line of Credit

___ Other: _____

Bank/Depository/Company: _____

Names on Account/Ownership: _____ Balance: _____

Type: ___ Certificate of Deposit ___ Stock ___Bond ___ Brokerage Account ___ Line of Credit

___ Other: _____

Bank/Depository/Company: _____

Names on Account/Ownership: _____ Balance: _____

Type: ___ Certificate of Deposit ___ Stock ___Bond ___ Brokerage Account ___ Line of Credit

___ Other: _____

Life Insurance

Client	Spouse
Insurance Co.: _____	Insurance Co.: _____
Beneficiary: _____	Beneficiary: _____
Policy Amount: _____	Policy Amount: _____
Term or Whole? _____	Term or Whole? _____
Cash Surrender Value: _____	Cash Surrender Value: _____
Loans Against Policy: _____	Loans Against Policy: _____

Any polices on Children? _____

Misc. Assets

Jewelry:	Antiques:
_____	_____
_____	_____
Value: _____	Value: _____
Art Work:	Gun, Coin, etc. Collections:
_____	_____
_____	_____
Value: _____	Value: _____

Other Assets of Significant Value:

_____

_____

_____

Gifts

Have you or your spouse made any substantial gifts in the past or placed property in join names with anyone other than the spouse? ☐ Yes ☐ No

If yes, please provide details:

_____

_____

_____

Probate Estate Beneficiaries/Trusts

Are you or your spouse the beneficiary under any pending probate estates or under any trust?

☐ Yes ☐ No

If yes, please provide details:

_____

_____

_____

Significant Pre-Marital Assets

_____

_____

_____

_____

_____

Liabilities/Debts

Creditor: _____	Creditor: _____
Type of Indebtedness (Credit Card, etc.):	Type of Indebtedness (Credit Card, etc.):
_____	_____
In whose name(s)?	In whose name(s)?
_____	_____
Marital or Individual?	Marital or Individual?
Who should be responsible for this debt?	Who should be responsible for this debt?
_____	_____
Is the account current? Yes No	Is the account current? Yes No
How much past due? _____	How much past due? _____
Present Balance Due: _____	Present Balance Due: _____
Monthly Payment: _____	Monthly Payment: _____

******If you have any other debts, kindly let us know so that we can provide an additional sheet.***

Other Obligations (Spousal Support to Former Spouse, etc.)

_____

_____

_____

_____

_____

Are you aware of assets being given away, sold or hidden from you?

Yes No

If yes, please provide details:

_____

_____

_____

OFFICE USE ONLY

Client ID Obtained? ☐

Phone Call Policy? ☐

Credit Card Authorization? ☐

FEE ARRANGEMENT

$_____ Retainer No. of Hours Covered by Retainer _____
$_____ Hourly

Filing Fees:

- □ Divorce Complaint $190.75
- □ Per Additional Count for Divorce $260.75
- □ If Custody Count in Divorce $162.00
- □ Praecipe to Transmit the Record $20.00
- □ Service $85.00 (Allegheny County ONLY)
- □ First Filing on Case as Defendant: $35.00