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In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

PRELIMINARY INTAKE

Date: _____ Referred by _____
Name: _____
Street Address (not P.O. Box): _____
Home Phone: _____ Spouse or Partner's Name: _____
Cell Phone/Pager: _____ Spouse or Partner's Employer _____
Work Phone: _____ Spouse or Partner's Work Number: _____
Employer: _____
E-Mail Address (home) _____ E-mail Address(work) _____

PRENUPTIAL OR DOMESTIC PARTNERSHIP AGREEMENT

Names of both parties? _____
Age of both parties? _____
If you plan to get married when will get married? _____
Is this a second or subsequent marriage or domestic partnership? _____
Are there any children of either party? How many and how old are they? _____

What issues would you like covered in the agreement? (Eg. Children from previous marriages or who are not the children of both parties? _____ Pre-marital or pre relationship assets? _____
Division of assets acquired during the marriage or relationship should the relationship end? _____
Pre-marital or pre-relationship debt? _____ Division of debt acquired during the marriage or relationship? _____
How money and expenses will be handled during the marriage or relationship? _____ Expenses incurred for marital or joint purposes? _____ Tax issues (applies only to legally married people? _____ All others must file as single or head of household? _____
Obligations to other parties? _____ Real estate title issues? _____ Pension or profit sharing funds and survivor annuities _____ Obligations to third parties _____
Other? _____

Have you discussed these issues and how you would like them to be resolved? _____
Have you informed each other of all current assets and liabilities? _____

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OFFICE USE ONLY

Advised of Consult Fee: Yes___ No_____ Cost of Consultation_____:

Questionnaire Needed: Removal/Termination _____Non-Termination General Intake_____

EEO and Comp Damages forms_____; Consequential Damages_____:

Referred to Web Page_____Sent /Pickup Date_____:

Appointment Scheduled:

(Following Questionnaire Return)

Date:_____ Time:_____

Disposition_____ Any other Info:_____

Once you have completed the questionnaire, please fax to our office at (404) 636 8711