

CLIENT INTAKE FORM INSTRUCTIONS – PRENUPTIAL AGREEMENTS

Please complete this form as fully and accurately as possible. If any information is not known to you, please insert a question mark (“?”) in the space provided.

If you retain our legal services and subsequently realize that information provided on this form is incorrect, inaccurate or incomplete, please contact this office and provide the correct information.

Confidential information provided on this form is intended for the use of your legal counsel and is protected by the attorney-client privilege, even if you choose not to retain our services, because the attorney-client privilege extends to preliminary communications looking toward representation, even where representation is never undertaken.

CLIENT CONSULTATION MEETING

Please note that the first 30 minutes of your first consultation meeting with an attorney at Patricia S. Fernandez & Associates is free. For any time beyond the first 30 minutes, you will be charged at the hourly rate for the attorney with whom you meet. The attorneys’ respective rates are:

- Patricia S. Fernandez, Esquire: \$_____/hour;
- Nicole K. Socci, Esquire: \$_____/hour;
- Lindsay H. Coveney, Esquire \$_____/hour.

Retainer: \$_____

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PERSONAL INFORMATION

1. FULL NAME: _____
2. DATE OF BIRTH (*month/date/year*): _____
3. PROJECTED DATE OF MARRIAGE: _____
4. NUMBER OF THIS MARRIAGE FOR YOU (*e.g.: 1st, 2nd, etc.*): _____
5. HOME ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
6. MAILING ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
7. PHONE NUMBER: _____
(home) (work) (cell)
8. E-MAIL ADDRESS*: _____
***We contact clients primarily through e-mail. If you would like to be contacted in another manner, please specify:** _____
9. EMPLOYER NAME: _____
10. EMPLOYER ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
11. JOB TITLE: _____
12. ANNUAL INCOME: _____
13. DO YOU HAVE HEALTH INSURANCE? YES / NO
14. HEALTH INSURANCE PROVIDER: _____

INFORMATION ABOUT YOUR FUTURE SPOUSE

1. FULL NAME OF FUTURE SPOUSE: _____
2. SPOUSE’S DATE OF BIRTH (*month/date/year*): _____
3. FULL NAME AND ADDRESS OF FUTURE SPOUSE’S COUNSEL, IF ANY: (*if your spouse is representing him/herself, or if you do not know whether your spouse has counsel, please so indicate*):

4. NUMBER OF THIS MARRIAGE FOR FUTURE SPOUSE (*e.g.: 1st, 2nd, etc.*): _____
5. ADDRESS OF FUTURE SPOUSE: _____
(street number & name) (city) (state) (zip) (county)
6. NAME OF FUTURE SPOUSE’S EMPLOYER: _____

7. ADDRESS OF FUTURE SPOUSE'S EMPLOYER: _____
(street number & name) (city) (state) (zip)

8. ANNUAL INCOME: _____

INFORMATION ABOUT YOUR CHILD(REN)

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR FUTURE SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR FUTURE SPOUSE *(if any child is adopted, born to you but not to your future spouse, born to your future spouse but not to you, or if the relationship otherwise requires explanation, please so explain):*

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SPECIAL CONCERNS

1. Please describe any health concerns you or your child(ren) might have:

2. Please describe the issue(s) of greatest concern to you relevant to this prenuptial agreement:

