



LAW OFFICE OF  
KAYLA E.  
HARRINGTON  
P.L.L.C.

## **Preup Questionnaire**

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this form.

### **NOTICE OF CONFIDENTIALITY**

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Texas Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

#### **1. CLIENT**

Full legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

**2. CONTACT INFORMATION**

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(e-mail communications may not be confidential)

How do you prefer that we contact you? \_\_\_\_\_

**3. EMPLOYMENT**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ May we call you at work?

E-mail: \_\_\_\_\_ May we e-mail you at work?

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**4. CLIENT'S FUTURE SPOUSE**

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

**5. CLIENT'S FUTURE SPOUSE'S CONTACT INFORMATION**

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**6. CLIENT'S FUTURE SPOUSE'S EMPLOYMENT**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**7. ANTICIPATED MARRIAGE DATE**

Anticipated date of marriage: \_\_\_\_\_

Place: \_\_\_\_\_

**8. REAL AND PERSONAL PROPERTY**

Do you and/or your future spouse own any real property? \_\_\_\_\_

Do you and/or your spouse own any vehicles? \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Driver: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Driver: \_\_\_\_\_

Do you or your future spouse have any other personal property of value ex. Power tools, coin collection, riding lawn mower, firearms, family heirlooms etc.?

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**9. BUSINESS ENTITIES**

Do you and/or your future spouse own interest in any business entities? \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Type (Corp./LCC/PLLC/S-Corp/etc.): \_\_\_\_\_

Year Interest Began: \_\_\_\_\_

Type of Interest in Business: \_\_\_\_\_

Percentage of Interest in Business: \_\_\_\_\_

**10. CLIENT'S CHILDREN (MINOR AND ADULT)**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth (city and state): \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Disability, if any: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth (city and state): \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number:

Disability, if any:

Name: \_\_\_\_\_ Sex:

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth (city and state): \_\_\_\_\_

Social Security number:

Driver's license number:

Disability, if any:

Does any child suffer a chronic illness or disability? If so, please describe: \_\_\_\_\_

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**11. FUTURE SPOUSE'S CHILDREN (MINOR AND ADULT)**

Name: \_\_\_\_\_ Sex:

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth (city and state): \_\_\_\_\_

Social Security number:

Driver's license number:

Disability, if any:

Name: \_\_\_\_\_ Sex:

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth (city and state): \_\_\_\_\_

Social Security number:

Driver's license number:

Disability, if any:

Name: \_\_\_\_\_ Sex:

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth (city and state): \_\_\_\_\_

Social Security number:

Driver's license number:

Disability, if any:

Does any child suffer a chronic illness or disability? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

## 12. PRIOR MARRIAGE/RELATIONSHIP

Have you or your spouse ever previously been divorced?

If so, when and which county?

Do you or your spouse have any monetary obligation to your former spouse?  
(child support, spousal maintenance, alimony, etc.)

\_\_\_\_\_

Do you pay/receive child support?

If so, how much? \$ \_\_\_\_\_ per

Does your future spouse pay/receive child support?

If so, how much? \$ \_\_\_\_\_ per

## 13. GENERAL

Is your future spouse in agreement to enter into a prenuptial agreement?

How did you hear about our office?

What are your three biggest concerns that you would like for the prenuptial agreement to address?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are your three biggest goals for the prenuptial agreement?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

It is recommended that your future spouse consult with their own attorney regarding their interests and protection of their assets in order to help protect the prenuptial agreement from being challenged in the future, does your spouse have an attorney?

\_\_\_\_\_