

## CONFIDENTIAL QUESTIONNAIRE

Please complete this questionnaire and return it to the office before your first appointment. If you will spend the time to complete all items, you will give us the necessary background information to begin to understand the complexity of the personal aspects of your situation. All information will be held in strict confidence.

1. Please give us your full name, date and place of birth, and social security number.
  - a. Name: \_\_\_\_\_
  - b. Date of birth: \_\_\_\_\_
  - c. Place of birth: \_\_\_\_\_
  - d. Social security number: \_\_\_\_\_
  - e. E-Mail Address: \_\_\_\_\_
  - f. Highest degree of education: \_\_\_\_\_
  
2. Where are you now living and what is your telephone number?
  - a. Street address: \_\_\_\_\_
  - b. City, state, and zip code: \_\_\_\_\_
  - c. Home telephone or number where you may be reached: \_\_\_\_\_
  - d. How long have you lived in Florida? \_\_\_\_\_
  - e. Other residences during the last five years: \_\_\_\_\_  
\_\_\_\_\_
  
3. Anticipated date and place of your marriage.

Date: \_\_\_\_\_ Place (County and State): \_\_\_\_\_
  
4. Please complete the following concerning your employment and income.
  - a. Employer: \_\_\_\_\_
  - b. Street address: \_\_\_\_\_

- c. City, state, and zip code: \_\_\_\_\_
- d. Telephone number: \_\_\_\_\_
- e. Job title: \_\_\_\_\_
- f. Gross salary: \_\_\_\_\_
- g. Other sources of income (describe): \_\_\_\_\_
- h. Average monthly income from all sources: \$\_\_\_\_\_

5. Please provide the following information for your fiancée.

- a. Name: \_\_\_\_\_
- b. Date of birth: \_\_\_\_\_
- c. Place of birth: \_\_\_\_\_
- d. Social security number: \_\_\_\_\_
- e. Highest degree of education: \_\_\_\_\_

6. Where is your spouse now living?

- a. Street address: \_\_\_\_\_
- b. City, state, and zip code: \_\_\_\_\_
- c. Home telephone number: \_\_\_\_\_
- d. How long has your spouse resided in Florida? \_\_\_\_\_

7. Please complete the following regarding your spouse's employment.

- a. Employer: \_\_\_\_\_
- b. Street address: \_\_\_\_\_
- c. City, state, and zip code: \_\_\_\_\_
- d. Telephone number: \_\_\_\_\_

- e. Job title: \_\_\_\_\_
- f. Gross salary: \_\_\_\_\_
- g. Other sources of income (describe): \_\_\_\_\_
- h. Average monthly income from all sources: \$ \_\_\_\_\_

8. Have there been prior court proceedings between you and your spouse? ..... If so, please provide copies of all related documents. Who was your previous attorney? \_\_\_\_\_

9. Are there any children? ..... If so, please provide the following information. If a child is adopted, please indicate. If a child is from a previous marriage, please indicate.

Name	Sex	Date of birth and social security number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Where are the children living at this time? \_\_\_\_\_

11. List all property, if any, owned by the children. \_\_\_\_\_

12. What is the condition of your mental and physical health? \_\_\_\_\_

13. Indicate your wishes regarding the following issues in preparation of the Pre Nuptial agreement.

A. Primary child custodian: \_\_\_\_\_  
 \_\_\_\_\_

B. Visitation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Child support: \_\_\_\_\_  
 \_\_\_\_\_

D. Alimony: \_\_\_\_\_

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E. Property distribution: \_\_\_\_\_

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F. Attorneys' fees: \_\_\_\_\_

G. Other, Specific : \_\_\_\_\_

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14. List all personal property owned (autos, boats, etc.), indicating title/ownership and approximate value:

Type of property	Value	H/W/Joint
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. List all real estate owned, indicating ownership and approximate value:

Street address	Value	H/W/Joint
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. List all Corporations you have an interest in or are an Officer for:

Name	Address	Place of incorporation
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_____	_____	_____
_____	_____	_____
_____	_____	_____

17. List all present bank, savings, money market, and credit union accounts:

Bank	Acct. No.	Balance	How Held
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_____	_____	_____	_____
_____	_____	_____	_____

18. List all debts and/or liabilities owed (auto loans, mortgage, credit cards, etc.), indicating approximate value owed and who is obligated for the debt or liability:

Type of debt/liability	Value owed	H/W/Joint
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Were you referred to our office by someone? \_\_\_ If so, please indicate the name of the referring party. \_\_\_\_\_

20. Fill out the attached financial affidavit, using your current financial situation.

21. Attach a copy of your current driver's license.

22. Identify any matters you believe require emergency or immediate attention. \_\_\_\_\_  
\_\_\_\_\_

I represent that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_