

**KRAMER LAW GROUP**

**MARITAL AGREEMENT QUESTIONNAIRE**

**CLIENT INFORMATION FORM**

Whom may we thank for referring you to our office? \_\_\_\_\_

Date Questionnaire Completed: \_\_\_\_\_

I. NAMES

A. Client's full name \_\_\_\_\_

Signature name (name you use to sign legal documents): \_\_\_\_\_

B. Fiancée's full name \_\_\_\_\_

Signature name (name you use to sign legal documents): \_\_\_\_\_

II. ADDRESSES

A. Residence \_\_\_\_\_

\_\_\_\_\_

B. Vacation Property \_\_\_\_\_

\_\_\_\_\_

III. TELEPHONE NUMBERS, FACSIMILE NUMBERS AND E-MAILS

A. Client's Residence: Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Call before faxing? \_\_\_\_\_

E-Mail: \_\_\_\_\_

B. Client's Business: Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Call before faxing? \_\_\_\_\_

E-Mail: \_\_\_\_\_

C. Fiancée: Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Call before faxing? \_\_\_\_\_

E-Mail: \_\_\_\_\_

IV. DATES AND PLACES OF BIRTH

- A. Date of Client's birth \_\_\_\_\_
- B. Place of Client's birth \_\_\_\_\_
- C. Date of Fiancée's birth \_\_\_\_\_
- D. Place of Fiancée's birth \_\_\_\_\_

V. CITIZENSHIP

- A. Is Client a U.S. citizen? \_\_\_ Yes \_\_\_ No
- B. Is Fiancée a U.S. citizen? \_\_\_ Yes \_\_\_ No

VI. MARITAL HISTORY

- A. Date of Marriage \_\_\_\_\_
- B. Place of Marriage \_\_\_\_\_
- C. Client's prior marriages
  - 1. Name of former spouse(s) \_\_\_\_\_
  - 2. Date or year of termination of marriage(s) \_\_\_\_\_
  - 3. Continuing legal obligations (such as alimony or child support) \_\_\_\_\_  
\_\_\_\_\_
- D. Fiancée's prior marriages
  - 1. Name of former spouse(s) \_\_\_\_\_
  - 2. Date or year of termination of marriage(s) \_\_\_\_\_
  - 3. Continuing legal obligations (such as alimony or child support) \_\_\_\_\_  
\_\_\_\_\_

VII. CHILDREN OF THIS RELATIONSHIP (indicate if any are adopted)

Name

Birth date

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VIII. CHILDREN OF PRIOR MARRIAGES (indicate parent by Client or Fiancée)

Name

Parent

Birth date

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Has any child named above been adopted by another?

No  Yes. If yes, indicate child and give name of adopting parent: \_\_\_\_\_

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IX. DECEASED CHILDREN

Name

Surviving descendants  
of deceased child

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X. GRANDCHILDREN

Name

Parent

Birth date

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XI. OCCUPATION

A. Client

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Position or occupation \_\_\_\_\_

B. Fiancée

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Position or occupation \_\_\_\_\_

XII. SOCIAL SECURITY NUMBERS

Client \_\_\_\_\_ Fiancée \_\_\_\_\_

XIII. INCOME

- A. Client's annual earned income \_\_\_\_\_
- B. Fiancée's annual earned income \_\_\_\_\_
- C. Client's annual other income \_\_\_\_\_
- D. Fiancée's annual other income \_\_\_\_\_
- E. Estimated value of Fiancée's assets \_\_\_\_\_
- F. Estimated value of Fiancée's liabilities \_\_\_\_\_

XIV. CLIENT'S ASSETS

	<u>Form of Title*</u>	<u>Estimated Current Value</u>
A. Real property	_____	_____
B. Cash & Cash Equivalents	_____	_____
C. Securities	_____	_____

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\* Separate Property or Joint Tenancy

D.	Business Interests	_____	_____
E.	Debts owed to you	_____	_____
F.	Death & Retirement Benefits	_____	_____
G.	Annuities	_____	_____
H.	Life Insurance (List Face Value)	_____	_____
I.	Furniture, Jewelry, Art, Cars, Etc.	_____	_____
J.	Other Assets (Describe)		
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____

XV. MAJOR LIABILITIES

		<u>Estimated Amount Owed</u>
A.	Mortgages	
	1. _____	_____
	2. _____	_____
B.	Commercial Loan	
	1. _____	_____
	2. _____	_____
	3. _____	_____

C. Debt owed to private parties

1 \_\_\_\_\_

2 \_\_\_\_\_

D. Other (please describe)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

XVI. GUARANTEES (please describe)

Primary  
Obligor

Amount  
Guaranteed

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

XVII. CURRENT ADVISORS

A. Accountant

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

B. Life Insurance Agent

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

C. Securities Broker

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

D. Investment Advisor

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E. Others

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_