Prenuptial Agreement Worksheet

VILLANUEVA LAW GROUP
www.galegalpro.com

The following form is designed to help us to better draft your Prenuptial (premarital) Agreement.

Please complete this questionnaire and return it as soon as possible. It is important that you answer this worksheet **HONESTLY**, **ACCURATELY**, and **COMPLETELY**.

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please mark 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 questionnaire. Be advised, your completion and submission of this form does not establish an attorney-client relationship.

Your responses to these questions will help organize your case and will help reduce attorney fees by limiting the time required to assemble information after the case is in progress. Note, however, completing this form or simply submitting it this law firm does not create an attorney-client relationship.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT MAY CONSTITUTE ATTORNEY WORK PRODUCT, ARE CONFIDENTIAL, AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary, during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers. Client information will eventually be shredded.

EMAIL YOUR COMPLETED WORKSHEET TO SUPPORT@GALEGALPRO.COM.

I. Prospective Client Information

First Name	Middle Name	Last Name

Maiden Name (if applicable)	How did you learn about us ?

Date of Birth	City, County, & State of Birth	Gender

Social Security Number	State Driver License or State ID Number

Street Address			
City	**County**	**State**	**ZIP**

Email	Phone Number

Date of Expected Marriage to Prospective Spouse	City and State of Prospective Marriage

Do you currently have an attorney for this matter?	If YES, please provide the name of your attorney.
☐ YES ☐ NO	

II. Assessment Questions for Prospective Client

Which of the following assets / liabilities do you have?

☐ Checking Account	☐ Home	☐ Credit Card
☐ Savings Account	☐ Other Real Property / Land	☐ Student Loan
☐ Retirement Account	☐ Vehicle	☐ Personal Loan
☐ Brokerage / Investment Account	☐ Business	☐ Vehicle Loan
☐ Certificate of Deposit	☐ Tangible Personal Property	☐ Other Debt/Loan
☐ Life Insurance	☐ Trust	☐ Other Asset

If you checked Other Debt/Loan or Other Asset above, please describe:

Which of the following assets / liabilities does your Prospective Spouse have?

☐ Checking Account	☐ Home	☐ Credit Card
☐ Savings Account	☐ Other Real Property / Land	☐ Student Loan
☐ Retirement Account	☐ Vehicle	☐ Personal Loan
☐ Brokerage / Investment Account	☐ Business	☐ Vehicle Loan
☐ Certificate of Deposit	☐ Tangible Personal Property	☐ Other Debt/Loan
☐ Life Insurance	☐ Trust	☐ Other Asset

If you checked Other Debt/Loan or Other Asset above, please describe:	
Do you have any children?	**If YES, please list the full name and ages of each child.**
☐ YES ☐ NO	
Are you currently the beneficiary of a trust held by another?	**If YES, please provide the name of the trust(s).**
☐ YES ☐ NO	
Do you wish to intend by the agreement that no community property will be created during the marriage?	
☐ YES ☐ NO ☐ OTHER	
If OTHER, please specify below.	
What do you want to happen to your property in the event of divorce (i.e., keep my own, spousal maintenance, cash, etc.)?	
What property do you want your prospective spouse to have in the event of divorce (i.e., keep their own, spousal maintenance, cash, etc.)?	
What should happen to your property in the event of your death?	
What should happen to your prospective spouse's property in the event of their death?	
How do you intend to file tax returns?	
☐ JOINT ☐ SEPARATE	
Do you want to be liable for your prospective spouse's debt he/she acquired before or during marriage?	**explain what you want below.**
☐ YES ☐ NO ☐ OTHER	
Do you plan on opening or already have any joint accounts?	**If YES, please list the types of joint accounts you anticipate opening or already have.**

☐ YES ☐ NO	

If joint accounts are created, how should they be divided in the event of divorce?
☐ Divided Equally as Separate Property ☐ Divided proportionally to funds each person contributed to the account ☐ Other: ☐
Do you wish to allow gifts to each other during the marriage?
☐ YES ☐ NO ☐

Do you want to include a requirement that one spouse provide the other with life insurance?	If YES, please specify below which spouse will pay the life insurance premiums.
☐ YES ☐ NO	
Do you have a specific dollar amount of the life insurance that must remain in force?	**If YES, please specify amount below.**
☐ YES ☐ NO	
Do you have a number of years the life insurance must remain in force?	**If YES, please specify below.**
☐ YES ☐ NO	

Do you want to permit the spouse who is obligated to provide the other with life insurance to substitute a bequest of cash in his/her will or revocable trust in place of all or part of the life insurance?
☐ YES ☐ NO
Upon your death, should your prospective spouse be allowed to live in your separate property home?
☐ YES ☐ NO
Upon your prospective spouse's death, should you be allowed to live in his/her separate property home?
☐ YES ☐ NO ☐ ☐
Do you wish to include provisions to address deviations from the general terms in the event that one spouse is 100% disabled or terminally ill at the time of divorce?
☐ YES ☐ NO ☐ ☐ ☐

Do you wish to include language addressing attorney's fees in the event of divorce?	If YES, please detail the type of language you wish to include (e.g., each responsible for their own fees, prevailing party entitled to fees, etc.)
☐ YES ☐ NO	

Should the agreement terminate after a set number of years?	If YES, please specify.
☐ YES ☐ NO	

Should the level or amount of compensation change based on years married?	If YES, please specify.
☐ YES ☐ NO	

III. Prospective Spouse Information

First Name	Middle Name	Last Name

Maiden Name (if applicable)

Date of Birth	City, County, & State of Birth	Gender

Social Security Number	State Driver License or State ID Number

Street Address

City	County	State	ZIP

Email	Phone Number

Does your prospective spouse have any children?	If YES, please list the full name and ages of all children.
☐ YES ☐ NO	

Do you know if your Prospective Spouse currently has an attorney for this matter?	If YES, please provide the name of the attorney.
☐ YES ☐ NO	

IV. Potential Issues or Additional Information

If there are any potential issues or additional information you wish to disclose, please do so below.