

Lori A. Spearman

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CLIENT INFORMATION (PRE-MARITAL AGREEMENT)

* ALL INFORMATION IS NECESSARY. PLEASE READ CAREFULLY AND FILL OUT COMPLETELY.

TODAY'S DATE: _____

REFERRED BY: _____

CLIENT INFORMATION:

NAME: _____

RACE OR COLOR: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY: _____ HOW LONG: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

E-MAIL ADDRESS: _____

EMPLOYMENT: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

DL#: _____ STATE: _____

SS#: _____

AGE: _____ DATE OF BIRTH: _____

STATE OF BIRTH: _____

OTHER PARTY INFORMATION:

NAME: _____

RACE OR COLOR: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY: _____ HOW LONG: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

E-MAIL ADDRESS: _____

EMPLOYMENT: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

DL#: _____ STATE: _____

SS#: _____

AGE: _____ DATE OF BIRTH: _____

STATE OF BIRTH: _____

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LIST ALL OF YOUR SEPARATE PROPERTY:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

LIST ALL OF YOUR LIABILITIES AND OBLIGATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

LIST ALL SEPARATE PROPERTY OF OTHER PARTY:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

LIST ALL LIABILITIES AND OBLIGATIONS OF THE OTHER PARTY:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

CONSULTATION FEE AGREEMENT:

I UNDERSTAND AND AGREE TO PAY \$100.00 FOR THE INITIAL CONSULTATION,
REGARDLESS OF MY DECISION TO ENGAGE THE SERVICES OF THIS LAW OFFICE.

SIGNATURE

DATE

PRINTED NAME