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FAMILY LAW ATTORNEYS

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Prenuptial Agreement Confidential Intake Information Sheet

Today's Date: _____, 200__

(NOTICE: No representation is provided until a signed fee contract is received and the retainer is paid).

1. YOUR PERSONAL INFORMATION:

Full Name: _____

Maiden Name: _____

Soc. Sec. No.: _____

Place and Date of Birth: _____

Confidential Address - all correspondence from this office will be sent to this address:

Street _____

City _____ State _____ Zip _____

County of Home Address: _____

Lived at Address Since: _____

Full Work Address:

Street _____

City _____ State _____ Zip _____

Telephone Numbers:

(*Do not list a number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a safe number or email address, or call us later when you obtain such safe contact information. We **STRONGLY** suggest that you create a new email account with a new password for any communications with us).
(only list "safe" numbers)

Home: (____) _____

Cell Phone: (____) _____

Work: (____) _____

Facsimile: (____) _____

Email: _____

Please indicate any directions or restrictions in calling you or sending you email:

Who referred you to our office?: _____

If this individual is an attorney or other professional, to what firm/practice doe he/she belong?:

Can we send a thank you letter to the person who referred you to our office?: _____

2. INFORMATION ABOUT FUTURE SPOUSE:

Full Name: _____ Maiden Name: _____

Soc. Sec. No.: _____

Place and Date of Birth: _____

Address:

Street _____

City _____ State _____ Zip _____

County of Home Address: _____

Lived at Address Since: _____

Full Work Address:

Street _____

City _____ State _____ Zip _____

Telephone Numbers:

Home: (____) _____

Cell Phone: (____) _____

Work: (____) _____

Facsimile: (____) _____

3. INFORMATION ABOUT YOUR EMPLOYMENT:

Are you employed?: _____ If yes, state: _____

Name of employer: _____

Job title: _____

Nature of job: _____

Employed since: _____

Salary/compensation: _____

Please state your educational and vocational training (include number of years you attended high school and college, if applicable):

4. INFORMATION ABOUT YOUR FUTURE SPOUSE'S EMPLOYMENT:

Are you employed?: _____ If yes, state: _____

Name of employer: _____

7. FUTURE SPOUSE'S ASSETS:

DESCRIPTION	NAME TITLED IN	VALUE

8. OTHER INFORMATION:

Has your future spouse consulted an attorney regarding this matter?: _____

If yes, please indicate his/her name and address if known: _____

Street _____

City _____ State _____ Zip _____

When?: _____

Have you consulted other attorneys regarding this matter?: _____

If yes, please indicate his/her name and address if known: _____

Street _____

City _____ State _____ Zip _____

When?: _____

Name of accountant used: _____

Note: The fee for an initial consultation (one hour) is \$250.00*; thereafter, hourly rates apply *\$350.00 for consultation with founding partner, Randall M. Kessler.