



TREY YATES LAW

THE LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.
SAM M. (TREY) YATES, III
BOARD CERTIFIED FAMILY LAW
TEXAS BOARD OF LEGAL SPECIALIZATION
FELLOW - AMERICAN ACADEMY OF MATRIMONIAL LAWYERS
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**CLIENT INFORMATION FORM
FOR PRE NUPTIAL/POST NUPTIAL AGREEMENTS
****PERSONAL AND CONFIDENTIAL******

Please fill out as completely as possible. If you lack requested information, please make note and provide missing information as soon as possible. All information provided to our office is strictly confidential and protected by the attorney-client privilege.

YOUR INFORMATION:

Name: _____
(First) (Middle) (Last) (Maiden)

Date/Place of Birth: _____
Date of Birth Place of Birth (City and State)

Identification Nos: _____
Social Security # State and Driver's Lic. # (attach a copy)

Home Address: _____
Street City/state Zip Code

Mailing Address: _____
(if different) Street City/state Zip Code

Communication: _____
Home Phone Cell Phone Work Phone

Personal Email Work Email

Home Fax # Work Fax # Pager #

Occupation: _____

Employment: _____
Employer Address

Are you: Single Engaged Married

If currently married or in a relationship, please provide the name and following information of your spouse or significant other:

Name: _____
(First) (Middle) (Last) (Maiden)

Date/Place of Birth: _____
Date of Birth Place of Birth (City and State)

If married, date and place of your marriage: _____
Date Place (City and State)

Identification Nos: _____
Social Security # State and Driver's Lic. # (attach a copy)

Home Address: _____
Street City/state Zip Code

Mailing Address: _____
(if different) Street City/state Zip Code

Communication: _____
Home Phone Cell Phone Work Phone

Personal Email Work Email

Home Fax # Work Fax # Pager #

Occupation: _____

Employment: _____
Employer Address

Do you have any children? ____ If so, provide the following information:

Child's Full Name: _____ Date of Birth: _____
Child's Full Name: _____ Date of Birth: _____
Child's Full Name: _____ Date of Birth: _____

PROPERTY INFORMATION:

Please list all assets: _____

Please list all debts: _____

If you have specific requests, briefly describe: _____

Any additional information you would like to provide: _____

Please provide the following information:

- Bank accounts of both parties, please provide the following:
 - Bank, account name, account type, and last four digits of account

- Real property of both parties, please provide the following:
 - Address

- If mortgage – bank and last four digits

- Retirement of both parties, please provide the following:
 - Institution, account type, last four digits

- Vehicles of both parties, please provide the following:
 - Make, model, year, VIN

- Any other assets (life insurance, trusts, etc.), please provide the following:
 - Institution, type, last four digits of account number, etc.

- If you own your own company please provide the following:
 - Name, corporation/partnership information, information regarding their percent interest, etc.

I UNDERSTAND and ACKNOWLEDGE that a consultation fee of \$ 450.00 shall be paid at the time of my initial consultation. I also ACKNOWLEDGE that my documents will not be drafted in final form until payment is received in full.

Date: _____ **Signature:** _____

Consultation fee received by: _____

Method and Amount of Payment: _____