



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have Estate Planning Documents in place? \_\_\_\_\_

Please describe \_\_\_\_\_

Would you like information about changing your Estate Planning Documents? \_\_\_\_\_

Who is the executor of your estate? \_\_\_\_\_

Who are the main beneficiaries of your estate? \_\_\_\_\_

**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:** \_\_\_\_\_