



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
trey@treyyateslaw.com

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