

Premarital Client Consultation Sheet

Date:, 2018	
Your Information	
Your Full Legal Name: Middle) Your Full Legal Name: Middle)	Maiden Name:
Home Address:(Number) (Street) (Apt.#) (City) (State) (Z	County:
How long in this county?:Home phone #:	Cell phone #:
Safe E-mail Address:	
May we send monthly invoice(s) to your email address?	YesNo
Your current automobile:(Year) (Make) (Model)	(Color) (License Plate # and State)
Place & Address of Employment:	
Occupation: Approximat	te Annual Income: \$
Work Phone #: Fax #:	Work Contact:
PREFERRED PHONE CONTACT:Home	CellWork
PREFERRED MAILING ADDRESS:	
Billing Address (if different):	
Future Spouse Information Full Legal Name: Maide	en Name:
(Last) (First) (Middle)	
Home Address:(Number) (Street) (Apt.#) (City) (State) (Z	County:
(Number) (Street) (Apt.#) (City) (State) (Z	1 /

E-mail Address:
Current automobile:
Future Spouse's Place & Address of Employment:
Future Spouse's Occupation: Approximate Annual Income: \$
Work Phone #: Fax #: Work Contact:
Marriage Information
Anticipated Date of Marriage://
Have you been married previously? Are you divorced?
Has your future spouse been married previously? Is he/she divorced?
Child/Children Information
Do you have any children? If so, please provide their names and ages below.
<u>Full Legal Name</u> <u>Age:</u>
Does your future spouse have any children? If so, please provide their names and ages below.
For Office Use Only
Type of Matter:
Retainer Amount: \$ Date Paid:
Date of Initial Consultation: in office / by Phone]
Referred By:
Referred To: