

FISHER LAW LLC

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PRE-NUP INTAKE

Consult date: _____ Referred by: _____

CLIENT (SELF)

OTHER PARTY (SPOUSE)

Full name: _____ Full name: _____

Address: _____ Address: _____

Social Security Number: _____ Social Security Number: _____

Date of Birth: _____ Date of Birth: _____

Length of Residence in State: _____ Length of Residence in State: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

E-mail: _____ E-mail: _____

Date of Marriage? _____

Is your e-mail secure? Y or N Preferred method of contact: __e-mail __phone __mail

EMERGENCY CONTACT**

Name: _____ Relation: _____ Phone: _____

**Will only be used if we have communicated with you yet have not heard back within 10 days.

CHILDREN

| First Middle Last | DOB | Minor? | M/F | Your or spouse's child? |
|-------------------|-----|--------|-----|-------------------------|
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→ Please provide receptionist a copy of your photo ID (driver's license or other state ID)

FOR ATTORNEY USE:

| RETAINER QUOTE | |
|----------------------------|----|
| Retainer | \$ |
| Atty hourly | \$ |
| NOTES: | |
| SIGNATURE APPT: | |
| | |
| TO PARALEGAL: _____ | |
| | |

NOTES: _____
