

Client Intake Form

Premarital Agreement

Information About You				
First Name	Middle Name	Last Name	Former/Maiden Name	
Social Security Number		Driver License Number		State
Address		City	County	State
Date of Birth		Place of Birth	Employer	
Employer's Mailing Address		City	State	ZIP
Please indicate how our firm may securely contact you (<i>select all that apply</i>):				
Home phone	Work phone	Cell phone	E-mail	Home address
Home Phone	Work Phone	Cell Phone	E-Mail Address	

Information About Other Party				
First Name	Middle Name	Last Name	Former/Maiden Name	
Address		City	County	State
Social Security Number		Driver License Number		State
Employer				
Employer's Mailing Address		City	State	ZIP
Other Party's Attorney	Address	City	State	ZIP

Information About Your Marriage

Expected date of marriage: _____

Expected place of marriage: _____

Who will be drafting the pre-marital agreement?

Other Party Us

Referral

Who referred you to GoransonBain Ausley: (please select one)

Advertisement Attorney Client Financial Advisor Internet Search Organization Realtor

Other(explain) _____

Referral's name or specific publication: _____

If possible, referral's e-mail address: _____

Payment

If you do not retain GoransonBain Ausley as your counsel today, payment in full is due at the conclusion of the consultation.

Initials

Acknowledgement

I understand and acknowledge that my personal information may be used and disclosed in conjunction with GoransonBain Ausley's representation of me. I hereby authorize GoransonBain Ausley to use and disclose my personal information. I understand that the information to be used and disclosed may include my Social Security number, driver license number, date of birth, financial account numbers, or any other sensitive personal information.

Signature