

The following form is designed to help us to better draft your Postnuptial (postmarital) Agreement.

Please complete this questionnaire and return it as soon as possible. It is important that you answer this worksheet **HONESTLY, ACCURATELY, and COMPLETELY.**

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please mark the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire. Be advised, your completion and submission of this form does not establish an attorney-client relationship.

Your responses to these questions will help organize your case and will help reduce attorney fees by limiting the time required to assemble information after the case is in progress. Note, however, completing this form or simply submitting it to Hunt Law Firm does not create an attorney-client relationship.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT MAY CONSTITUTE ATTORNEY WORK PRODUCT, ARE CONFIDENTIAL, AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary, during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers. Client information will eventually be shredded.

EMAIL YOUR COMPLETED WORKSHEET TO INFO@HUNTLAWTEXAS.COM.

I. Prospective Client Information

First Name		Middle Name		Last Name	
Maiden Name (if applicable)			How did you learn about Hunt Law Firm, PLLC?		
Date of Birth		City, County, & State of Birth		Gender	
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		County		State	
Email			Phone Number		
Date of Marriage			City and State of Marriage		
Do you currently have an attorney for this matter?			If YES, please provide the name of your attorney		
<input type="checkbox"/> YES <input type="checkbox"/> NO					

II. Assessment Questions for Prospective Client

Briefly describe why you are seeking a Postnuptial Agreement.		
Which of the following assets / liabilities do you have?		
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Retirement Account <input type="checkbox"/> Brokerage / Investment Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Life Insurance	<input type="checkbox"/> Home <input type="checkbox"/> Other Real Property / Land <input type="checkbox"/> Vehicle <input type="checkbox"/> Business <input type="checkbox"/> Tangible Personal Property <input type="checkbox"/> Trust	<input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Vehicle Loan <input type="checkbox"/> Other Debt/Loan <input type="checkbox"/> Other Asset
If you checked Other Debt/Loan or Other Asset above, please describe:		

Which of the following assets / liabilities does your Prospective Spouse have?

<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Retirement Account <input type="checkbox"/> Brokerage / Investment Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Life Insurance	<input type="checkbox"/> Home <input type="checkbox"/> Other Real Property / Land <input type="checkbox"/> Vehicle <input type="checkbox"/> Business <input type="checkbox"/> Tangible Personal Property <input type="checkbox"/> Trust	<input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Vehicle Loan <input type="checkbox"/> Other Debt/Loan <input type="checkbox"/> Other Asset
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If you checked Other Debt/Loan or Other Asset above, please describe:

Do you have any children?	If YES, please list the full names of all children
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you want to prohibit the creation of community property in the marriage?

YES NO OTHER

If OTHER, please specify below.

Do you want this agreement to convert all existing community property into separate property?	If YES, will property in the sole name of a party become that party's separate property?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you would only like to convert specific items from community property to separate property, please list those items below.

What do you want to happen to your property in the event of divorce (i.e., keep my own, spousal maintenance, cash, etc.)?

What property do you want your spouse to have in the event of divorce (i.e., keep their own, spousal maintenance, cash, etc.)?

What should happen to your property in the event of your death?

What should happen to your spouse's property in the event of their death?	
How do you intend to file tax returns?	
<input type="checkbox"/> JOINT <input type="checkbox"/> SEPARATE	
Do you want to be liable for your spouse's future debt acquired during marriage?	If OTHER, briefly explain what you want below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER	
Do you want to convert all debts in one spouse's name to be that spouse's separate liability?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you plan on opening or already have any joint accounts?	If YES, please list the types of joint accounts you anticipate opening or already have.
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If joint accounts are created, how should they be divided in the event of divorce?	
<input type="checkbox"/> Divided Equally as Separate Property <input type="checkbox"/> Divided proportionally to funds each person contributed to the account <input type="checkbox"/> Other:	
Do you wish to allow gifts to each other during the marriage?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you want to include a requirement that one spouse provide the other with life insurance?	If YES, please specify below which spouse will pay the life insurance premiums.
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a specific dollar amount of the life insurance that must remain in force?	If YES, please specify amount below.
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a number of years the life insurance must remain in force?	If YES, please specify below.
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you want to permit the spouse who is obligated to provide the other with life insurance to substitute a bequest of cash in his/her will or revocable trust in place of all or part of the life insurance?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Upon your death, should your spouse be allowed to live in your separate property home?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Upon your spouse's death, should you be allowed to live in his/her separate property home?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you wish to include provisions to address deviations from the general terms in the event that one spouse is 100% disabled or terminally ill at the time of divorce?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you wish to include language addressing attorney's fees in the event of divorce?	If YES, please detail the type of language you wish to include (i.e., each responsible for own fees, prevailing party entitled to fees, etc.)
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Should the Agreement terminate after a set number of years?	If YES, please specify.
<input type="checkbox"/> YES <input type="checkbox"/> NO	

III. Spouse Information

First Name	Middle Name	Last Name	
Maiden Name (if applicable)			
Date of Birth	City, County, & State of Birth	Gender	
Social Security Number		Texas Driver License or State ID Number	
Street Address			
City	County	State	ZIP
Email		Phone Number	
Does your spouse currently have an attorney for this matter?		If YES, please provide the name of the attorney	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

IV. Potential Issues or Additional Information

If there are any potential issues or additional information you wish to disclose, please do so below.