

# 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: \_\_\_\_\_

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?

→ Please provide receptionist a copy of your photo ID (driver's license or other state ID) ←