

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?

→ 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: _____
