

PLEASE SKIP ANY SECTION THAT IS NOT APPLICABLE

PARTNERSHIP PLANNING QUESTIONNAIRE

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McMillan Metro, P.C.

ATTORNEYS AT LAW

MARYLAND • WASHINGTON, D.C. • VIRGINIA

Date: _____, 202__

How did you learn about our firm? _____

PERSONAL AND FAMILY DATA		
	Person #1	Person #2
Full legal name	Mr./Ms./Dr.	Mr./Ms./Dr.
Social Security #	Last 4 digits only	
YEAR of birth		
Are you a U.S. Citizen? Yes ___ No ___ If no, do you have a green card? Yes ___ No ___		

How long have you been together? _____ Anniversary date: ___/___/___
mo. day yr.

RESIDENCE CONTACT INFO		
	Person #1	Person #2
Address		
Home Phone		
Cell Phone		
Email		

BUSINESS CONTACT INFO		
	Person #1	Person #2
Business/Employer Name & Address		
Telephone		
Email		
Description of Business/ Profession		

MARRIAGES, CIVIL UNIONS & DOMESTIC PARTNERSHIPS
(current and former, if applicable)

	Person #1	Person #2
Spouse (current/former)		
Date & place		
Date of dissolution (if any)		
Court of dissolution (if any)		

CHILDREN

Do you plan to have children in the future? Yes ____ No ____ Maybe ____

Person #1 – Children, including those legally adopted

Name	Date of birth	Residence (City, State)	Profession/Business	Name of partner/ spouse

Person #2 – Children, including those legally adopted

Name	Date of birth	Residence (City, State)	Profession/Business	Name of partner/ spouse

ASSET INFORMATION

ANNUAL INCOME

	Person #1	Person #2
Salary	\$	\$
Other	\$	\$

REAL ESTATE OWNED

Location & Type	Mortgage balance	Approximate market value	Original cost	In whose name?
	\$	\$	\$	
	\$	\$	\$	

LIFE INSURANCE

Company & Policy #	Death benefit	Approx. cash value	Person insured	Owner	Beneficiary
	\$	\$			
	\$	\$			

CASH ACCOUNTS (non-retirement)		
Institution	Approx. Balance	In whose name(s)?
	\$	
	\$	
	\$	

BROKERAGE ACCOUNTS (non-retirement)					
Company	# of shares	Original cost	Approx. Market Value	Date of purchase	In whose name(s)?
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

RETIREMENT PLANS & ACCOUNTS		
Person #1		
Description	Beneficiary	Value
		\$
		\$
Person #2		
		\$
		\$

SIGNIFICANT DEBTS		
Type	Creditor	Approx. amount
		\$
		\$
		\$

EXISTING DOCUMENTS FOR REVIEW				
<i>Please indicate which documents you currently have.</i>	Person #1		Person #2	
	Yes	No	Yes	No
Will and/or trust				
Real property deeds				
Partnership and corporate agreements				
Powers of attorney				

PETS
Do you have pets? Yes ____ No ____