DOMESTIC PARTNERSHIP FORMATION CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. A registered domestic partnership is a legally recognized relationship between two people who share a committed life together but are not married to each other. Rights, eligibility, and registration procedures vary widely by state, county, city, and employer. In some states (such as California), registered domestic partners have nearly the same rights and obligations as spouses, including property and support rights, and must go through a court process to end the partnership. Please answer carefully. If a question does not apply, write "N/A." If unknown, write "Unknown."

NAME OF THE CLIENT(s):

[__] Partner 1: _____

[__] Partner 2: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

This form is being completed by:

[__] Both partners together [__] Partner 1 only [__] Partner 2 only

PART 1 — YOUR GOALS

1.1 What would you like help with? (check all that apply)

[__] Register a state partnership
[__] City / county registry
[__] Employer partner benefits
[__] Compare with marriage
[__] Pre-registration agreement
[__] Name change at registration
[__] Secure parental rights
[__] Update estate plans
[__] Register out-of-state partnership
[__] Not sure — need advice

1.2 Why a domestic partnership rather than marriage? (optional)

[__] Health / employment benefits
[__] Pension / survivor benefits
[__] Tax considerations
[__] Personal or religious reasons
[__] Not ready to marry
[__] Other

1.3 Desired registration date: _____

PART 2 — THE PARTNERS

2A Partner 1:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation / Employer: _____ Gross Monthly Income: $ _____

Time living in current state: _____

2B Partner 2:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation / Employer: _____ Gross Monthly Income: $ _____

Time living in current state: _____

2.1 Couple composition (affects eligibility in some states):

[__] Same-sex couple [__] Different-sex couple [__] Prefer to discuss

PART 3 — ELIGIBILITY

Common requirements include: both partners are adults, neither is married or in another domestic partnership or civil union, the partners are not closely related by blood, both can consent, and (in some places) the partners share a common residence.

3.1 Are both partners at least 18 years old? [__] Yes [__] No

If a partner is under 18, parental consent and a court order are generally required.

3.2 Is either partner currently married to someone else? [__] Yes [__] No

3.3 Is either partner in another domestic partnership or civil union, anywhere? [__] Yes [__] No

3.4 Was either partner previously married, partnered, or in a civil union? [__] Yes [__] No

Partner	Former Spouse / Partner	How Ended (divorce, dissolution, death)	Date Final	State

3.5 Are the partners related by blood? [__] Yes [__] No

3.6 Do the partners live together / share a common residence? [__] Yes [__] No

3.7 Are both partners able to understand and consent to the partnership? [__] Yes [__] No

PART 4 — WHERE TO REGISTER

4.1 State where you live: _____ County / City: _____

4.2 Registration you are interested in:

[__] State (Secretary of State or similar) [__] County registry

[__] City / municipal registry [__] Employer program

[__] Not sure

4.3 Do you expect to move to another state in the future? [__] Yes [__] No

A domestic partnership may not be recognized, or may be treated differently, in other states. We can review portability with you.

4.4 Will both partners be available to sign before a notary? [__] Yes [__] No

PART 5 — UNDERSTANDING THE LEGAL EFFECTS

Please check each item you would like explained before registering.

[__] Property rights
[__] Support if partnership ends
[__] Federal vs. state taxes
[__] Immigration effects
[__] Inheritance rights
[__] Effect on existing benefits
[__] Responsibility for debts
[__] Ending a partnership (dissolution)
[__] Social Security / federal benefits
[__] Employer benefits & taxes
[__] Medical decisions & visitation
[__] Parental rights

Federal agencies (including the IRS and Social Security) generally do not treat registered domestic partners as married, even where the state does.

5.1 Specific questions you have: _____

_____

PART 6 — FINANCES & PRE-REGISTRATION AGREEMENT

6.1 Want a written property / support agreement before registering? [__] Yes [__] No

In states that treat domestic partners like spouses, a pre-registration agreement may need to meet the same requirements as a premarital agreement, including disclosure and timing rules.

6.2 Do you already have a cohabitation or property agreement? [__] Yes [__] No

6.3 Major Assets & Debts:

Item (home, accounts, retirement, business, debts)	Owned / Owed By	Est. Value or Balance $	Keep Separate?

6.4 Does either partner own a business? [__] Yes [__] No

6.5 Does either partner pay or receive child support or alimony? [__] Yes [__] No

PART 7 — CHILDREN

7.1 Do either or both of you have children? [__] Yes [__] No

Child's Name	Date of Birth	Legal Parent(s)	Lives With

7.2 Do you plan to have or adopt children together? [__] Yes [__] No

7.3 Want to secure a non-biological partner's parental rights? [__] Yes [__] No

Even where state law presumes both partners are parents, a court judgment of parentage or adoption is recommended so rights are recognized in every state. For assisted reproduction, please also complete our Assisted Reproduction Intake Form.

PART 8 — NAME CHANGE, BENEFITS & ESTATE PLANNING

8.1 Does either partner want to change their name at registration? [__] Yes [__] No

If yes — new name(s): _____

8.2 Will either partner be added to the other's employer health insurance? [__] Yes [__] No

8.3 Estate planning documents in place:

[__] Will [__] Living trust [__] Durable power of attorney

[__] Advance health care directive [__] Beneficiary designations

[__] None

8.4 Would you like help updating wills, trusts, and beneficiary designations? [__] Yes [__] No

PART 9 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Photo IDs for both partners

[__] Prior divorce / dissolution judgments

[__] Existing cohabitation / property agreement

[__] Out-of-state partnership certificate

[__] Proof of common residence

[__] Prior spouse's death certificate

[__] Children's birth certificates

[__] Existing wills / trusts

Syndicate Subscription Legal Plans

Certification:

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my/our domestic partnership matter.

Signed and dated this ____ day of _____, 20___

Signature (Partner 1): _____

Print Name: _____

Signature (Partner 2): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.