

CLIENT QUESTIONNAIRE (MATRIMONIAL/DIVORCE/COHABITATION)

DATE: _____

Full Name: _____

Home and Mailing Address: _____

City, Prov: _____ Postal Code: _____

Telephone: (home) _____ (work) _____ (cell) _____

Fax: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Social Insurance Number: _____

Resident in British Columbia since: _____

Referred by: _____

SPOUSE`S INFORMATION

Full Name: _____

Home and Mailing Address: _____

City, Prov: _____ Postal Code: _____

Telephone: (home) _____ (work) _____ (cell) _____

Fax: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Social Insurance Number: _____

Resident in British Columbia since: _____

Spouse's Lawyer: _____

MARRIAGE OR MARRIAGE-LIKE RELATIONSHIP INFORMATION

Date of Marriage: _____

Place of Marriage: _____

Commenced Co-habitation: _____

Your surname before marriage: _____

Your surname at birth: _____

Spouse's surname before marriage: (if different) _____

Marital status at time of marriage: You: _____ Spouse: _____

Do you have a Marriage Agreement? _____

Do you have a Co-habitation Agreement? _____

Have you entered into a Separation Agreement? _____

Are you and your spouse living together now? _____

Date of Separation: _____

Any previous separation periods: _____

Are you interested in reconciliation? _____ Is your spouse? _____

CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Goes to School Where?</u>
-------------	----------------------	------------------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Special Needs: _____

Special Costs: _____

Current parenting arrangements: _____

Presently in care of: _____

Children of a prior relationship of yourself or spouse:

<u>Name</u>	<u>Date of Birth</u>	<u>Goes to School Where?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Needs: _____

Special Costs: _____

ISSUES THAT NEED TO BE ADDRESSED

- Divorce
- Guardianship/Parenting Time
- Child Support
- Spousal Support
- Property Division (house, cars, pensions, savings)
- Division of Debt
- Cohabitation Agreement
- Marriage Agreement
- Other _____

FINANCIAL CIRCUMSTANCES

Employment:

Name and address of employer: _____

Employed since: _____ Job Title: _____

Gross Monthly Salary: \$_____ Net Monthly Salary: \$_____

Benefits: _____

Other Income (source and amount): _____

Work History: _____

Education: _____

FAMILY HOME

Please provide a copy of your most recent Assessment Notice, if possible.

Family Home Address: _____

Legal Description: _____

Registered Owners: _____

Estimated Value: _____

Mortgages: 1. _____ Amount Owning: _____

2. _____ Amount Owning: _____

Please provide a copy of your most recent mortgage statement, if possible.

PENSIONS

Specify name of pension plans.

You: _____

Spouse: _____

REGISTERED RETIREMENT SAVINGS PLANS

Specify account numbers and financial institutions.

You: _____

Spouse: _____

VEHICLES

Please provide make, model, year and estimated value.

You: _____

Spouse: _____

SAVINGS ACCOUNTS

Specify financial institution and account names and numbers.

You: _____

Spouse: _____

OTHER INVESTMENTS

Specify financial institution and account names and numbers.

You: _____

Spouse: _____

OTHER PROPERTY

Provide particulars of any other property you hold.

You: _____

Spouse: _____

DEBTS

	FINANCIAL INSTITUTION OR COMPANY	AMOUNT OWING
You:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Spouse:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

WILLS

Do you have a Will? Yes: _____ No: _____

Do you have a copy of it? Yes: _____ No: _____

If not, where is one located? _____

OTHER LEGAL PROCEEDINGS

Have there been any other legal proceedings between you and your spouse?

Yes: _____ No: _____

If yes, please specify: _____

Provide copies of court documents, including orders, if possible.

Other Information:
