

Family Client Intake Form

The information you are about to provide will be the basis for your discussions with your lawyer. At this time, you do not need evaluations or appraisal for listing assets and liabilities - your best estimates should be sufficient for most discussions. However, how you own the legal title to your assets is important and, if you are not sure whether, for example, your house is owned jointly with another person, ask your lawyer to investigate since assumptions can cause later problems. Also, if possible, check with your financial institutions for beneficiary designations on life insurance policies and pension plans.

Your Information

Full Name <i>(including middle name)</i>							
Address							
Number	Street	Apt.	City	Prov./Terr.	Postal Code	# of years	
E-mail		Home Phone		Work Phone		Cell Phone	
Date of Birth			Age		Place of Birth		
Place of Employment						Years employed here	
Address of Employment							
Number	Street	Apt.	City	Prov./Terr.	Postal Code	# of years	
Annual Base Income				Commissions/Bonuses			
Employment Pension Plan Available			Employment Group Benefits <i>(ie: health, dental)</i>			Life Insurance, Amount if any	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No \$	
Resident In							
Municipality, Province						Since	
Surname <i>(at birth)</i>				Surname <i>(just before marriage)</i>			
Divorced Before			Place and Date of Previous Divorce(s)				
<input type="checkbox"/> Yes <input type="checkbox"/> No							

Opposing Party's Information

Full Name <i>(including middle name)</i>						
Address						
Number	Street	Apt.	City	Prov./Terr.	Postal Code	# of years
E-mail	Home Phone		Work Phone		Cell Phone	
Date of Birth		Age	Place of Birth			
Place of Employment					Years employed here	
Address of Employment						
Number	Street	Apt.	City	Prov./Terr.	Postal Code	# of years
Annual Base Income			Commissions/Bonuses			
Employment Pension Plan Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Group Benefits <i>(ie: health, dental)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Life Insurance, Amount if any <input type="checkbox"/> Yes <input type="checkbox"/> No \$		
Resident In						
Municipality, Province				Since		
Surname <i>(at birth)</i>			Surname <i>(just before marriage)</i>			
Divorced Before <input type="checkbox"/> Yes <input type="checkbox"/> No		Place and Date of Previous Divorce(s)				

Joint Information

Date of Cohabitation	Date of Marriage	Date of Separation
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Children of the Relationship

Name	Date of Birth	School	Grade
Who are the children presently living with?		How long have they lived there?	
Any special problems with the children? <i>(If so, please describe)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
What are the present arrangements with respect to access?			

Have either you or your spouse commenced court proceedings pertaining to any issue arising from the relationship? <i>(If yes, please provide details)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you and your spouse entered into any oral or written agreement? <i>(If yes, please provide details)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE: The balance of this information form (Assets & Liabilities sections) should be completed only if your case involves a claim for property

Assets

Automobile & Boats				
Item	Value	In whose name		
Item	Value	In whose name		
Approximate value of household goods and contents				
Real Estate				
Address	Value	Original Cost	In whose name	
Address	Value	Original Cost	In whose name	
Bank Accounts				
Name of Bank	Address of Bank	Account Number	In whose name	Average Balance
Name of Bank	Address of Bank	Account Number	In whose name	Average Balance
<p>If any of these accounts is/are held in your name with another person, do you intend that the other person should inherit the balance in such account(s) upon your death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Safety Deposit Box				
Location		Box Number		
Life Insurance				
Name of Company	Policy Number	Type of Plan	Named Beneficiary	Value to your Estate
Name of Company	Policy Number	Type of Plan	Named Beneficiary	Value to your Estate
RRSPs, RIFs, Pensions & Annuities				
Name	Contract Number	Named Beneficiary	Value to your estate	
Name	Contract Number	Named Beneficiary	Value to your estate	

Investments

Please list all stocks and/or bonds and their original costs and estimated market values

Please indicate whether any of these investments are held in the names of yourself or any other person. If yes, do you intend that this person will be the sole owner of these assets upon your death?

Liabilities

Mortgages payable by you

Amount owing	Name of Mortgagee	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this mortgage insured?
Amount owing	Name of Mortgagee	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this mortgage insured?

Other Debts

Name of Creditor	Amount Owing
Name of Creditor	Amount Owing
Name of Creditor	Amount Owing
Name of Creditor	Amount Owing

Are any such debts (e.g.: line of credit) secured by way of collateral mortgage on real property? (If yes, provide particulars)

Yes No

Did you own any property or have any significant debts upon marriage to your spouse? (If yes, please provide details)

Yes No

Did you receive any gifts or inheritance during your marriage? (If yes, please provide details)

Yes No