

New Client Intake Form

Reason for Consultation (i.e. Separation/Divorce, Cohabitation Agreement/Marriage Contract, Second Opinion, General Consultation): _____

Referral Source: _____

Client Information

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ SIN number: _____

Current Address: _____

How long have you resided in your current jurisdiction? _____

First name on the day before marriage: _____

Last name on the day before marriage: _____

Gender on the day before marriage: _____

Cell #: _____ Email: _____

Home #: _____ Work #: _____

Preferred Method of Communication: _____

Divorced Before? _____ Place and Date of Divorce: _____

Current employer: _____

Employer's Address: _____

Job Title: _____

Current annual income from employment: \$ _____

Income from other sources: \$ _____ (break down other sources)

Current or Previous Family Lawyer: _____

Spouse Information

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ SIN number: _____
 Current Address: _____
 How long have you resided in your current jurisdiction? _____
 First name on the day before marriage: _____
 Last name on the day before marriage: _____
 Gender on the day before marriage: _____
 Cell #: _____ Email: _____
 Home #: _____ Work #: _____
 Preferred Method of Communication: _____
 Divorced Before? _____ Place and Date of Divorce: _____
 Current employer: _____
 Employer's Address: _____
 Job Title: _____
 Current annual income from employment: \$ _____
 Income from other sources: \$ _____ (break down other sources)
 Current or Previous Family Lawyer: _____

Children

Name	Date of Birth	Living With	Grade/School

Relationship Information

Date of Cohabitation: _____
 Date of Marriage: _____

Date of Separation: _____

Place of Marriage: _____

Have either you, your spouse, or children been in a court case before? _____

Have you and your spouse made a written agreement dealing with any matter involved in this case?

Do you have any safety concerns for yourself or your children? _____

Have the police been involved with you, your spouse, or your family? _____

Do you or your spouse have a criminal record? _____

Have the CAS been involved with your family? _____

Matrimonial Home(s)

1. Address: _____

Name(s) on Title: _____

Value: \$ _____ Mortgage: \$ _____

2. Address: _____

Name(s) on Title: _____

Value: \$ _____ Mortgage: \$ _____

Children's Expenses

Medical/Dental/Orthodontic: _____

Private School/Tutoring/Educational Expenses: _____

Post-secondary Educational Expenses: _____

Daycare/Child Care: _____

Extracurricular Activities: _____

Other Expenses: _____