

## 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: \_\_\_\_\_