

CLIENT QUESTIONNAIRE (MATRIMONIAL/DIVORCE/COHABITATION)

DATE: _____

Full Name: _____

Home and Mailing Address: _____

City, Prov: _____ Postal Code: _____

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

Fax: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Social Insurance Number: _____

Resident in British Columbia since: _____

Referred to this by: _____

SPOUSE'S INFORMATION

Full Name: _____

Home and Mailing Address: _____

City, Prov: _____ Postal Code: _____

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

Fax: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Social Insurance Number: _____

How long has he/she been living in British Columbia? _____

Spouse's Lawyer (Name, address, phone): _____

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: _____

Is there a Prenuptial Agreement: _____

Is there a Co-habitation Agreement? _____

Have you entered into a Separation Agreement? _____

Are you and your spouse living together now? _____

Date of Separation: _____

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

CHILDREN

Current parenting arrangements: _____

Presently in custody of: _____

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

Special Costs: _____

Children of a prior relationship of yourself or spouse:

Name

Date of Birth

Goes to School Where?

Special Needs: _____

Special Costs: _____

ISSUES THAT NEED TO BE ADDRESSED:

- Divorce
- Guardianship/Parenting Time
- Support (Children)
- Support (Spouse)
- Property Division (house, cars, pensions, savings)
- Cohabitation Agreement
- Other

FINANCIAL CIRCUMSTANCES

Employment:

Name and address of employer: _____

Employed since: _____ Job Title: _____

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

Benefits: _____

Other Income (Amount & from what source): _____

Work History: _____

Education: _____

FAMILY HOME

Provide copy of most recent Assessment Notice, if possible.

Family Home Address: _____

Legal Description: _____

Registered Owners: _____

Estimated Value: _____

Mortgages: 1. _____ Amount Owing: _____

2. _____ Amount Owing: _____

Provide copy of most recent mortgage statement, if possible.

PENSIONS:

Specify name of pension plan and provide most recent statement, if possible.

You: _____

Spouse: _____

REGISTERED RETIREMENT SAVINGS PLANS:

Specify account numbers, financial institution and provide copies of most recent statements, if possible.

You: _____

Spouse: _____

VEHICLES:

Provide make, model and year and estimated value.

You: _____

Spouse: _____

SAVINGS ACCOUNTS:

Specify financial institution, account and provide copies of most recent statements, if possible.

You: _____

Spouse: _____

OTHER PROPERTY:

Provide particulars and documents relating to those, if possible.

You: _____

Spouse: _____

DEBTS:

Provide copies of most recent statements, if possible.

	<u>FINANCIAL INSTITUTION OR COMPANY</u>	<u>AMOUNT OWING</u>
You:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Spouse:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

WILLS:

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

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

If not, where is one located: _____

