

Family Law - Separation

Intake Form - Information To Obtain From Your Client

(All intake interviews should be conducted in person and in the presence of the lawyer)

Date: _____ Our File No.: _____

Type of File (eg. Divorce Application, Separation Agreement): _____

Client

Name (full legal name): _____

Check all that apply: Husband Wife Statutory Common Law Partner
 Biological/Adoptive Parent of Child of this Relationship
 Step-Parent of Child of this Relationship

Address: _____

Date of birth: _____ Age: _____ Place: _____

Surname at birth: _____ Social insurance number: _____

Phone Numbers: Home: _____ (Preferred; Confidential)

Cell: _____ (Preferred; Confidential)

Work: _____ (Preferred; Confidential)

Fax: _____ (Confidential)

Email: _____ (Confidential)

Driver's License number: _____

Identity verification

Identity (ie. photo) verification document: Passport Driver's License Citizenship Card

Document number: _____ Date/Place of Issue: _____

Copy obtained on: _____ *(Copy kept in file)*

Marital Status

Married, contemplating separation Married, already separated
 Common Law, contemplating separation Common Law, already separated
 Never married or common law, but had child(ren) together Divorced

Husband:

Name at time of marriage: _____

Marital status at time of marriage: _____

If previously married, name of former spouse: _____

Date of divorce from former spouse: _____

Place of divorce from former spouse: _____

Details of Common Law Relationship (if applicable)

Date cohabitation began: _____ Location: _____

Details of Relationship (if applicable - ie. not married and not living together common law)

Date relationship began: _____

Date relationship ended: _____

Nature of the relationship: _____

Separation Details

Date of separation: _____ Place of separation: _____

Still living in same residence (albeit separated)

Never lived together

Legal Proceedings

Current on-going court application/action?

No

Yes (provide details, including court, location, file number, date commenced, status, orders, endorsements) _____

Prior court applications/actions?

No

Yes (provide details, including court, location, file number, date commenced, status, orders, endorsements) _____

Domestic Contracts

- Existing Domestic Contract? Marriage Contract/Agreement
 Cohabitation Contract/Agreement
 Separation Agreement: Interim/Temporary Final

KeyTerms: _____

Children of the Marriage/Relationship

Child 1

Name (full legal name): _____ Date of birth: _____

Biological/adopted child of:

- both parties client only (ie. Other Party acted as parent) Other Party (Client acted as parent)

School: _____ Grade level: _____

Child's address: _____ Since: _____

Special Needs (medical, educational, mental health, developmental): _____

Child's lawyer / CAS worker (if applicable): _____

With whom is the child currently living primarily? Client Other Party Third Party _____

Time currently spent with non-resident parent: _____

Client seeking:

Sole Custody, with access for Other Party: _____

Access only, as follows: _____

Joint Custody - primary residence, with access for Other Party: _____

Joint Custody - secondary residence as follows: _____

Child 2

Name (full legal name): _____ Date of birth: _____

Biological/adopted child of:

both parties client only (ie. Other Party acted as parent) Other Party (Client acted as parent)

School: _____ Grade level: _____

Child's address: _____ Since: _____

Special Needs (medical, educational, mental health, developmental): _____

Child's lawyer / CAS worker (if applicable): _____

With whom is the child currently living primarily? Client Other Party Third Party _____

Time currently spent with non-resident parent: _____

Client seeking:

Sole Custody, with access for Other Party: _____

Access only, as follows: _____

Joint Custody - primary residence, with access for Other Party: _____

Joint Custody - secondary residence as follows: _____

Child 3

Name (full legal name): _____ Date of birth: _____

Biological/adopted child of:

both parties client only (ie. Other Party acted as parent) Other Party (Client acted as parent)

School: _____ Grade level: _____

Child's address: _____ Since: _____

Special Needs (medical, educational, mental health, developmental): _____

Child's lawyer / CAS worker (if applicable): _____

With whom is the child currently living primarily? Client Other Party Third Party _____

Time currently spent with non-resident parent: _____

Client seeking:

Sole Custody, with access for Other Party: _____

Access only, as follows: _____

Joint Custody - primary residence, with access for Other Party: _____

Joint Custody - secondary residence as follows: _____

Child 4

Name (full legal name): _____ Date of birth: _____

Biological/adopted child of:

- both parties client only (ie. Other Party acted as parent) Other Party (Client acted as parent)

School: _____ Grade level: _____

Child's address: _____ Since: _____

Special Needs (medical, educational, mental health, developmental): _____

Child's lawyer / CAS worker (if applicable): _____

With whom is the child currently living primarily? Client Other Party Third Party _____

Time currently spent with non-resident parent: _____

Client seeking:

Sole Custody, with access for Other Party: _____

Access only, as follows: _____

Joint Custody - primary residence, with access for Other Party: _____

Joint Custody - secondary residence as follows: _____

Existing Support Arrangements

Spousal Support

Is spousal support being paid? No Yes By whom: _____

Amount: _____ How often: _____ Since: _____

Payments intended to be tax deductible to payor, and taxable to recipient? No Yes

- Paid Pursuant to:
- Oral agreement
 - Written agreement, dated _____
 - Court order, dated _____
 - Voluntarily (no agreement/court order)

Child Support

Is child support being paid? No Yes By whom: _____

Amount: _____ How often: _____ Since: _____

- Paid Pursuant to:
- Oral agreement
 - Written agreement, dated _____
 - Court order, dated _____
 - Voluntarily (no agreement/court order)

Client's Employment Information

Employed Self-employed Unemployed Shareholder/Director/Officer of Corporation

If Employed:

Current Employer: _____

Position: _____

Employer address: _____

Employer telephone number: _____

Date employment began: _____

Annual gross income: _____

Pension Plan: No Yes Details: _____

Name/Contact Info of Plan Administrator: _____

Employee Benefits:

Extended Health?: No Yes Details (incl. Policy #): _____

Life Insurance?: No Yes Details (incl. Policy #): _____

Disability Insurance?: No Yes Details (incl. Policy #): _____

Other Taxable Benefits?: No Yes Details: _____

If Self-Employed:

Name of Business: _____

Services Provided: _____

Office address: _____

Office telephone number: _____

Date self-employment began: _____

Annual gross income (before expenses deducted): _____

Annual net income (after expenses deducted): _____

If Unemployed (include details of prior employment as well):

Date unemployment began: _____

Receiving Employment Insurance? No Yes Amount: _____

Receiving Social Assistance? No Yes Amount: _____

Receiving Worker's Compensation? No Yes Amount: _____

If Shareholder/Director/Officer of Corporation:

Name of Corporation: _____

Position: _____

Corporation address: _____

Corporation telephone number: _____

Date of Incorporation: _____

Compensation Details: _____

Prior Employment history: _____

Other Party's Employment Information

Employed Self-employed Unemployed Shareholder/Director/Officer of Corporation

If Employed:

Current Employer: _____

Position: _____

Employer address: _____

Employer telephone number: _____

Date employment began: _____

Annual gross income: _____

Pension Plan: No Yes Details: _____

Name/Contact Info of Plan Administrator: _____

Employee Benefits:

Extended Health?: No Yes Details (incl. Policy #): _____

Life Insurance?: No Yes Details (incl. Policy #): _____

Disability Insurance?: No Yes Details (incl. Policy #): _____

Other Taxable Benefits?: No Yes Details: _____

If Self-Employed:

Name of Business: _____

Services Provided: _____

Business address: _____

Business telephone number: _____

Date self-employment began: _____

Annual gross income (before expenses deducted): _____

Annual net income (after expenses deducted): _____

If Unemployed (include details of prior employment as well):

Date unemployment began: _____

Receiving Employment Insurance? No Yes Amount: _____

Receiving Social Assistance? No Yes Amount: _____

Receiving Worker's Compensation? No Yes Amount: _____

If Shareholder/Director/Officer of Corporation:

Name of Corporation: _____

Position: _____

Corporation address: _____

Corporation telephone number: _____

Date of Incorporation: _____

Compensation Details: _____

Prior Employment history: _____

Matrimonial Home/Family Residence

Home 1 (Primary Residence prior to separation)

Address: _____

Ownership: Sole, by _____ Joint, with: _____

Was this home brought into the marriage? No Yes, by: _____

If yes, Fair Market Value at date of marriage: _____

Value of mortgage at date of marriage: _____

Fair Market Value at date of separation: _____ Currently: _____

Value of Mortgage at date of separation: _____ Currently: _____

Mortgagor: _____ Discharge / Renewal date: _____

Address of Mortgagor: _____

Home 2 (Secondary Residence prior to separation – eg. cottage, chalet, Florida condominium etc.)

Address: _____

Ownership: Sole, by _____ Joint, with: _____

Was this home brought into the marriage? No Yes, by: _____

If yes, Fair Market Value at date of marriage: _____

Value of mortgage at date of marriage: _____

Fair Market Value at date of separation: _____ Currently: _____

Value of Mortgage at date of separation: _____ Currently: _____

Mortgagor: _____ Discharge / Renewal date: _____

Address of Mortgagor: _____

Client's Assets/Liabilities

[Provide fair market value ("FMV") of all assets/debts owned/owed at date of marriage ("dom"), date of separation ("dos"), and currently. Include all assets owned/owed at date of marriage, even if no longer owned/owed.]

Land (list real property *not* already included in Matrimonial Home/Family Residence Section above):

Address: _____

Ownership: Sole Joint, with _____

FMV: At dom: _____ At dos: _____ Currently: _____

Value of Mortgage: At dom: _____ At dos: _____ Currently: _____

Mortgagor: _____ Discharge / Renewal date: _____

Address of Mortgagor: _____

Contents of home (household goods, furniture etc.):

FMV: At dom: _____ At dos: _____ Currently: _____

Vehicles (cars, boats, etc.):

(1) Make/model/year: _____

FMV: At dom: _____ At dos: _____ Currently: _____

(2) Make/model/year: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Works of art:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Jewellery:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Electronics:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Other special items (eg. musical instruments, valuable animals, valuable sports equipment, tools, special collections, etc.):

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Bank accounts:

(1) Details (incl. institution, address): _____

Type of account: Savings Chequing Account Number: _____

Ownership: Sole Joint, with _____

Balance: At dom: _____ At dos: _____ Currently: _____

(2) Details (incl. institution, address): _____
Type of account: Savings Chequing Account Number: _____
Ownership: Sole Joint, with _____
Balance: At dom: _____ At dos: _____ Currently: _____

(3) Details (incl. institution, address): _____
Type of account: Savings Chequing Account Number: _____
Ownership: Sole Joint, with _____
Balance: At dom: _____ At dos: _____ Currently: _____

RRSPs/RRIFs:

Details (incl. institution, address): _____
Account Number: _____ Beneficiary: _____
FMV: At dom: _____ At dos: _____ Currently: _____

Securities (including stocks, term deposits, GICs, stock options):

(1) Details (incl. institution, address): _____
Account Number: _____ Type of Security: _____
FMV: At dom: _____ At dos: _____ Currently: _____

(2) Details (incl. institution, address): _____
Account Number: _____ Type of Security: _____
FMV: At dom: _____ At dos: _____ Currently: _____

(3) Details (incl. institution, address): _____
Account Number: _____ Type of Security: _____
FMV: At dom: _____ At dos: _____ Currently: _____

Pensions/RPPs:

Details (incl. institution, address, acct. #): _____
FMV: At dom: _____ At dos: _____ Currently: _____

Life insurance:

(1) Type: Term (ie. no cash surrender value) Whole Life (ie. cash surrender value)
Details (incl. institution, address): _____
Policy Number: _____ Face Value: _____ Premiums: _____
Name of Insured (if not Client): _____

Name of Beneficiary: _____ Irrevocable? Yes No
Cash Surrender Value: At dom: _____ At dos: _____ Currently: _____

(2) Type: Term (ie. no cash surrender value) Whole Life (ie. cash surrender value)
Details (incl. institution, address): _____
Policy Number: _____ Face Value: _____ Premiums: _____
Name of Insured (if not Client): _____

Name of Beneficiary: _____ Irrevocable? Yes No
Cash Surrender Value: At dom: _____ At dos: _____ Currently: _____

Disability/Critical Illness insurance:

Details (incl. institution, address): _____

Policy Number: _____ Face Value: _____ Premiums: _____

Business Interests:

Company Name: _____ Incorporated? Yes No

Type of Business: (eg. sole proprietorship/partnership/jt venture etc.) _____

Client's Interest: _____ Further Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Receivables (Money Owed to Client, including accrued commissions, bonuses, royalties, shareholder loans, etc.):

Owed by: _____

Secured? No Yes, against _____ Interest Rate: _____

Date Loaned: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

Income Tax Refund Owning:

Taxation Year: _____ Date Submitted: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

Loyalty Points Programs (eg. Aeroplan, Air Miles etc.):

Program: _____ Account Number: _____ Number of Points: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Intellectual Property (eg. patents, trademarks, copyrights):

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Other Assets (excluded in Ontario and some other provinces):

Property acquired by gift or inheritance from 3rd person *after* dom:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Matrimonial Home/Family Residence? Yes No

Income from Gifted/Inherited Property (above) if donor/testator expressly provided for exclusion from division in the event of a separation:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Damages in connection with a personal injury lawsuit:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Proceeds from life insurance policy:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Property which can be traced back to funds received from any of above property in this section:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Matrimonial Home/Family Residence? Yes No

Property agreed to be excluded from division in the event of a separation pursuant to
Marriage/Cohabitation Contract /Agreement:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Other Property/Assets:

Debts/Liabilities (do not include mortgages already included in Matrimonial Home/Family Residence
Section or Land Section above):

(1) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

(2) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

(3) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

(4) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

Contingent Debts/Liabilities (eg. contingent tax and costs of disposition, guarantees etc.):

Type of Contingent Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

Other Debts/Liabilities:

Other Party's Assets/Liabilities

[Provide fair market value ("FMV") of all assets/debts owned/owed at date of marriage ("dom"), date of separation ("dos"), and currently. Include all assets owned/owed at date of marriage, even if no longer owned/owed.]

Land (list real property *not* already included in Matrimonial Home/Family Residence Section above):

Address: _____

Ownership: Sole Joint, with _____

FMV: At dom: _____ At dos: _____ Currently: _____

Value of Mortgage: At dom: _____ At dos: _____ Currently: _____

Mortgagor: _____ Discharge / Renewal date: _____

Address of Mortgagor: _____

Contents of home (household goods, furniture etc.):

FMV: At dom: _____ At dos: _____ Currently: _____

Vehicles (cars, boats, etc.):

(1) Make/model/year: _____

FMV: At dom: _____ At dos: _____ Currently: _____

(2) Make/model/year: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Works of art:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Jewellery:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Electronics:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Other special items (eg. musical instruments, valuable animals, valuable sports equipment, tools, special collections, etc.):

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Bank accounts:

(1) Details (incl. institution, address): _____

Type of account: Savings Chequing Account Number: _____

Ownership: Sole Joint, with _____

Balance: At dom: _____ At dos: _____ Currently: _____

(2) Details (incl. institution, address): _____

Type of account: Savings Chequing Account Number: _____

Ownership: Sole Joint, with _____

Balance: At dom: _____ At dos: _____ Currently: _____

(3) Details (incl. institution, address): _____

Type of account: Savings Chequing Account Number: _____

Ownership: Sole Joint, with _____

Balance: At dom: _____ At dos: _____ Currently: _____

RRSPs/RRIFs:

Details (incl. institution, address): _____

Account Number: _____ Beneficiary: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Securities (including stocks, term deposits, GICs, stock options):

(1) Details (incl. institution, address): _____

Account Number: _____ Type of Security: _____

FMV: At dom: _____ At dos: _____ Currently: _____

(2) Details (incl. institution, address): _____

Account Number: _____ Type of Security: _____

FMV: At dom: _____ At dos: _____ Currently: _____

(3) Details (incl. institution, address): _____

Account Number: _____ Type of Security: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Pensions/RPPs:

Details (incl. institution, address, acct. #): _____

FMV: At dom: _____ At dos: _____ Currently: _____

Life insurance:

- (1) Type: Term (ie. no cash surrender value) Whole Life (ie. cash surrender value)
Details (incl. institution, address): _____
Policy Number: _____ Face Value: _____ Premiums: _____
Name of Insured (if not client): _____

Name of Beneficiary: _____ Irrevocable? Yes No
Cash Surrender Value: At dom: _____ At dos: _____ Currently: _____
- (2) Type: Term (ie. no cash surrender value) Whole Life (ie. cash surrender value)
Details (incl. institution, address): _____
Policy Number: _____ Face Value: _____ Premiums: _____
Name of Insured (if not client): _____

Name of Beneficiary: _____ Irrevocable? Yes No
Cash Surrender Value: At dom: _____ At dos: _____ Currently: _____

Disability/Critical Illness insurance:

Details (incl. institution, address): _____
Policy Number: _____ Face Value: _____ Premiums: _____

Business Interests:

Company Name: _____ Incorporated? Yes No
Type of Business: (eg. sole proprietorship/partnership/jt venture etc.) _____
Other Party's Interest: _____ Further Details: _____
FMV: At dom: _____ At dos: _____ Currently: _____

Receivables (Money Owed to Other Party, including accrued commissions, bonuses, royalties, shareholder loans etc.):

Owed by: _____
Secured? No Yes, against _____ Interest Rate: _____
Date Loaned: _____ Repayment Date: _____
Amount Owing: At dom: _____ At dos: _____ Currently: _____

Income Tax Refund Owing:

Taxation Year: _____ Date Submitted: _____
Amount Owing: At dom: _____ At dos: _____ Currently: _____

Loyalty Points Programs (eg. Aeroplan, Air Miles etc.):

Program: _____ Account Number: _____ Number of Points: _____
FMV: At dom: _____ At dos: _____ Currently: _____

Intellectual Property (eg. patents, trademarks, copyrights):

Details: _____
FMV: At dom: _____ At dos: _____ Currently: _____

Other Assets (excluded in Ontario and some other provinces):

Property acquired by gift or inheritance from 3rd person *after* dom:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Matrimonial Home/Family Residence? Yes No

Income from Gifted/Inherited Property (above) if donor/testator expressly provided for exclusion from division in case of separation:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Damages in connection with a personal injury lawsuit:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Proceeds from life insurance policy:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Property which can be traced back to funds received from any of above excluded property:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Matrimonial Home/Family Residence? Yes No

Property agreed to be excluded from division in case of separation pursuant to Marriage/Cohabitation Contract /Agreement:

Details: _____

FMV: At dom: _____ At dos: _____ Currently: _____

Other Property/Assets:

Debts/Liabilities (do not include mortgages already included in Matrimonial Home Section or Land Section above):

(1) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

(2) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

(3) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

(4) Type of Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

Contingent Debts/Liabilities (eg. contingent tax and costs of disposition, guarantees etc.):

Type of Contingent Debt: _____

Secured? No Yes, against _____ Interest Rate: _____

Name/Address of Creditor: _____

Date borrowed: _____ Repayment Date: _____

Amount Owing: At dom: _____ At dos: _____ Currently: _____

Other Debts/Liabilities:

Deadlines

Applicable limitation periods: _____

Other crucial deadlines: _____

Documents Required

Consider providing Client with document list: Basic Documents Required For Your Family Law Case. For a more comprehensive list for lawyers, see Documents To Obtain From Your Client.

Also, for Ontario Lawyers, consider providing Client with Draft 13.1 Financial Statement with Instructions (ON only).