



Intake Form

Reason for Consultation (i.e. divorce, separation, marriage contract, general consultation, second opinion): _____

How did you find the firm: _____

Client Information

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ SSN number: _____

Surname at Birth: _____ Surname Before Marriage: _____

Current Home Address: _____

Since When? _____

Current Mailing Address (if different from home address):

Home Tel.: _____ Work Tel.: _____

Cell: _____ Fax: _____

E-mail: _____

Preferred Method of Communication: _____

Divorced Before? _____ Place and Date: _____

Job Title: _____

Current employer and address: _____

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: _____

Surname at Birth: _____ Surname Before Marriage: _____

Current Home Address: _____

Since When? _____

Current Mailing Address (if different from home address):

Home Tel: _____ Work Tel: _____

Cell: _____ Fax: _____

E-mail: _____

Divorced Before? _____ Place and Date: _____

Job Title: _____

Current employer and address: _____

Current annual income from employment: \$_____

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

Spouse's lawyer and contact information: _____

Marital Information

Date of Marriage: _____

Date of Cohabitation: _____

Place of Marriage: _____

Date of Separation: _____

Have either you, your spouse, or children been in a court case before? Yes No

Have you and your spouse made a written agreement dealing with any matter involved in this case? Yes No

If client or spouse is stay-at-home parent, please give relevant dates:

Do you have any safety concerns for yourself or your children? Yes No

Have the police been called to the matrimonial home and does either spouse have a criminal record? Yes No

Matrimonial Home

First:

Address: _____

Name(s) on Title: _____

Value: \$ _____ Mortgage: \$ _____

Second:

Address: _____

Name(s) on Title: _____

Value: \$ _____ Mortgage: \$ _____

Excluded Property

Received by client (during or after marriage):

Received by client's spouse (during or after marriage):

Children

Name	Date of Birth	Living With	Grade/School

Children's Expenses

Medical/Dental/Orthodontic: _____

Private School/Tutoring/Educational Expenses: _____

Post-secondary Educational Expenses: _____

Daycare/Child Care: _____

Extracurricular Activities: _____

Other Expenses: _____