

Family Law - Separation Intake Form - Information To Obtain

(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

Other Party

Name (full legal name): _____

Other Party is (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: _____
 Cell: _____
 Work: _____
 Fax: _____

Email: _____ Driver's License number: _____

Represented by: Lawyer's Name: _____
 Firm: _____
 Address: _____
 Phone Numbers: Home: _____
 Cell: _____
 Work: _____
 Fax: _____
 Email: _____

Details of Marriage (if applicable)

Date of marriage: _____ Location: _____

If cohabited before marriage, date of cohabitation: _____

Wife:

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: _____

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 Owning: 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: _____