

## CONFIDENTIAL FAMILY LAW INTAKE FORM

DATE: \_\_\_\_\_

I expressly consent to the collection of the within information for the purposes of my summary discussions with Tracy L. Clark and any subsequent engagement of her services.

Signature: \_\_\_\_\_

How did you hear about our firm:

- Phone Book
- Internet
- Referred by: \_\_\_\_\_
- Other: \_\_\_\_\_

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### **PART ONE: General Information**

YOU

YOUR SPOUSE/PARTNER

Full Name: \_\_\_\_\_

New Spouse: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Gross Annual Earnings: \_\_\_\_\_

S.I.N. No.: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

If you were not born in BC, when did you move to BC? \_\_\_\_\_

Are either you or your spouse/partner in bankruptcy?  YES  NO

If so, who: \_\_\_\_\_

Do you or your spouse/partner have a disability or medical condition?  YES  NO

If yes, describe:

**PART TWO: Your Relationship**

1. Date you started living together \_\_\_\_\_

Number of years living together:

2. Have you separated from your spouse/partner?

NO

YES - but we still live together in the Family Residence

YES - we no longer live together

Date of Separation: \_\_\_\_\_

Who left the Family Residence? \_\_\_\_\_

Describe any periods of reconciliation:

3. Are you and your spouse/partner married?  YES  NO

4. Date & location of Marriage: \_\_\_\_\_

5. Marital status at time of Marriage:

YOU:  Divorced  Never previously married  Widowed

YOUR SPOUSE:  Divorced  Never previously married  Widowed

Maiden name of Wife: \_\_\_\_\_

If previously married, Wife's surname prior to marriage: \_\_\_\_\_

6. Has there been any violence in your relationship?  YES  NO

**PART THREE: Previous Steps Taken**

1. Have you entered into any sort of an agreement (prenuptial or otherwise) with your spouse/partner?     YES     NO

2. Has either Party started Court proceedings?     YES     NO

Are there any Court dates set?     YES     NO

If yes, when? \_\_\_\_\_

Have any Orders been issued in the past with respect to your family matter?

YES     NO

**PART FOUR: Your Child(ren)**

Name:	Birthdate:	Age:	Biological Child(ren) of both parents?	Your step-(children)	Your child(ren) from a previous relationship

1. Who was the primary caregiver prior to separation?     YOU     YOUR SPOUSE  
 SHARED

2. Who has been the primary caregiver since separation     YOU     YOUR SPOUSE  
 SHARED

3. Who should have primary care of the Children now?     YOU     YOUR SPOUSE  
 SHARED

4. Is the other parent unfit?     YES     NO

If yes, provide details:

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5. Is support being paid?       YES       NO  
How much & how often?      \$ \_\_\_\_\_

**PART FOUR: Your Assets/Debts**

**A. FAMILY RESIDENCE:**

Physical Address:
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Owner(s):	
Property Value:	
Mortgage Value:	
Bank that holds mortgage:	
Is this a mobile home:	

1. What would you like to do with the home?  
 KEEP IT       SELL IT       GET BUY OUT FROM SPOUSE

**B. OTHER PROPERTIES:**

1. Do you or your spouse/partner own any other properties?  
If yes provide details:

Owner(s):			
Address:			
Property Value:	\$	Mortgage Value:	\$
Use (ie: rental property/vacation property):			
Is this a mobile home? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Owner(s):			
Address:			
Property Value:	\$	Mortgage Value:	\$
Use (ie: rental property/vacation property):			
Is this a mobile home? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<u>Owner(s):</u>			
<u>Address:</u>			
<u>Property Value:</u>	<u>\$</u>	<u>Mortgage Value:</u>	<u>\$</u>
<u>Use (ie: rental property/vacation property):</u>			
<u>Is this a mobile home? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>			

D. MOTOR VEHICLES:

YEAR:	MAKE:	MODEL:	OWNER: (registered)	VALUE:	OWING:

E: OTHER ASSETS:

PENSION:	
RRSPS:	
LIFE INSURANCE POLICIES:	

