

CLIENT INFORMATION SHEET

Your Personal Information:		
First Name:	Middle Name:	Last Name:
Address:		
City:	Postal Code:	
Home Phone:	Cell / Pgr:	
Email Address:		
Date of Birth:	Place of Birth:	In BC since:
Were you married before: YES / NO	Details of prior marriage/divorce/death of Spouse:	
Your surname before marriage:	Your surname at birth:	
Do you wish to change your name? YES / NO	If yes, to what?	

Spouse/Partner's Personal Information		
First Name:	Middle Name:	Last Name:
Address:		
City:	Postal Code:	
Home Phone:	Cell / Pgr:	
Email Address:		
Date of Birth:	Place of Birth:	In BC since:
Was your spouse married before: YES / NO	Details of prior marriage/divorce/death of Spouse:	
Your spouse's surname before marriage:	Your spouse's surname at birth:	

Children of the Marriage/Relationship			
Child #1:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Age:		
Place of Birth	Resident of BC Since:		
School:	Grade:		
Child Resides With:			
Child #2:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Age:		
Place of Birth	Resident of BC Since:		
School:	Grade:		
Child Resides With:			
Child #3:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Age:		
Place of Birth	Resident of BC Since:		
School:	Grade:		
Child Resides With:			

Other children (from previous relationship)			
Name of Child	Date of Birth	Place of Birth	School/Grade

(Continue on back if necessary)

Relationship Information	
Date of marriage:	
Date of cohabitation:	
Place of marriage:	
Date of separation:	
Date of Divorce (if applicable):	
Is there a possibility of reconciliation with your spouse? YES / NO	
Was there a separation agreement? YES / NO	
Was there any verbal agreement in connection with separation: YES / NO	
Do you have a marriage certificate? YES / NO (it must be from Vital Stats)	

Children's Information	
With whom have these children lived for the past 12 months?	
Citizenship of the children:	
Do children have their own passports? YES / NO	
Are children listed on a parent's passport? YES / NO	If yes, which parent?
Is there a disagreement, or likely to be a disagreement about custody or access? YES / NO	If yes, with whom?
Current daycare arrangements and costs:	
Significant medical history of children:	
Name, address and telephone number of doctors:	
Do children have any assets, trust property, bank accounts etc? YES / NO If yes, list below:	

Your Employment / Income Information
Your Education or vocational training:
Present Employer::
Position:
Address of employer:
Telephone:
Date of commencement:
Annual salary:
Gross _____ Net _____
Past employment (if applicable):
Income from any other source (social assistance, dividends, pension, child tax credit, maintenance, or other):

Spouse's Employment / Income Information
Spouse's Education or vocational training:
Present Employer::
Position:
Address of employer:
Telephone:
Date of commencement:
Annual salary:
Gross _____ Net _____
Past employment (if applicable):
Income from any other source (social assistance, dividends, pension, child tax credit, maintenance, or other):

Assets:**Your Motor vehicles:**

Make	Model	Year
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License number:	Registered Owner:
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Your Spouse's Motor vehicles:

Make	Model	Year
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License number:	Registered Owner:
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Bank Accounts:

Bank & Type of Account	Name(s) of Account Holder(s)	Balance
_____	_____	_____
_____	_____	_____

Property:Real Property (Matrimonial Home)

Address: _____

Date of purchase: _____

Estimated market value: _____

Name of registered owners: _____

Mortgage holder(s) _____

Amount of mortgage owing: _____

Mortgage payments: _____

Annual taxes, water rates etc.: _____

Name of tenants: _____

Rental income: _____

Other real property:Personal property with value in excess of \$10,000.00:

Life insurance:		
Type	Account number:	Estimated value:
_____	_____	_____
_____	_____	_____
RRSPs:		
Type	Account number:	Estimated value:
_____	_____	_____
_____	_____	_____
Pension:		
Type (ie. Company, Union, CPP, other)	Account number:	Estimated value:
_____	_____	_____
_____	_____	_____
Investments (stocks, bonds, receivables):		

Debts		
Have retailers and financial institutions been advised of separation? YES / NO		
Credit cards or charge accounts		
Name of Credit Card:	Name of account holder(s)	Outstanding Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other loans (other than mortgage). Please provide name of lender, dates, amounts, interest rates:		

Other significant debts, including personal guarantees and loans for which you have co-signed:		
Credit Cards (Visa, MasterCard): _____		
Personal Loans: _____		
Guarantees: _____		

