

CLIENT INFORMATION	
First Name:	
Middle Name:	
Last Name:	
Phone # we can contact you at:	
Email we can contact you at:	
Birthdate (dd/mmm/yyyy):	
Current Occupation:	
Gross Annual Income:	
Address of Residence (including postal/zip code):	
OPPOSING PARTY INFORMATION	
First Name:	
Middle Name:	
Last Name:	
Home number:	
Cell number:	
Email:	
Birthdate: (dd/mmm/yyyy)	
Current Occupation	
Gross Annual Income	
Address of Residence (including postal/zip code):	



RELA	LIONSHIP INF	FORMATION		
Date you started living together:				
Date of marriage (if applicable)	Date:			
Place of marriage:	City:	Count	ry:	
Date of separation:				
Date of Divorce (if applicable)				
Children? If yes, please fill out applicable Children forms	Name		DOB:	Age
7 1 99. 9				
Is there a possibility you can reconcile with your spouse/partner? YES/NO				
Do you have a written agreement with your spouse/partner? YES/NO				
Do you have a verbal agreement with your spouse/partner? YES/NO				
Do you have your marriage certificate/registration? YES/NO				
Is there a disagreement or likely to be a disagreement about custody/access?				
Has there been any "Family Violence? (see Appendix 1) YES/NO				
Were you involved in any court proceedings? YES/NO				
If yes, please provide details, including				
the court file number, name of your				
lawyer(s), court location and any court				
documents you may have:	TC 1	'1 .1 DEED C	2 3 T	
Are you or your spouse/partner enrolled with the Family Maintenance Enforcement Program YES/NO	If yes, please pro	ovide the FMEP (Lase No.	



ASSETS/DEBTS			
ASSETS/DEBTS	Date acquired or incurred	Value or Amount	In whose name is this registered?
1. Real Estate (Record encumbrances under DEBTS b	elow.)		
2. Vehicles: List cars, trucks, motorcycles, trailers, moto	r homes, boats, etc		
3. Financial assets : Record account # and name of instit owe you	ution where accou	nts are held and	d list any monies people
4. Pensions and RRSP's: name and address of pension p	plan and financial in	nstitution	
5. Business Interests : Record the name and address of the	ne company and de	etails of your in	terest
6. Other: Include precious metals, collections, works of art and any safety deposit boxes	jewellery or household	l items of extraor	dinary value & contents of
7. Secured Debt Details: mortgages, lines of credit, loans and o	ther secured debts		
8. Unsecured Debt Details: bank loans, personal loans, credit	t cards, lines of credit,	and other unsecur	ed debts, loans from others
1. Disposal of Proporty all assets disposed of and delete traid of	I during the 2 wages to	anding to days day	(6)
9. Disposal of Property: all assets disposed of and debts paid of	auring ine 2 years pro	ereung toaays aat	()
10. Income of other persons in Household (list their name	their title or relation	l iship, and their a	nnual income



ADDITIONAL CLIENT INFORMATION	
Place of Birth:	
Living in BC since?:	
Were you married before? YES/NO If yes, are you a widow or divorced:	
Your surname before marriage:	
Your surname at birth:	
Any other name you go by?	
Do you wish to change your surname? YES/NO If yes, change to what?	
Please list your educational/vocational training:	
Present Employer (including name, address and phone number):	
Date you commenced employment with them:	
Past employer & position held:	
Other income sources (please list) with estimated annual amounts:	



ADDITIONAL OPPOSING PARTY INFORMATION	
Any other name he/she you goes by?	
Place of Birth:	
Living in BC since:	
Was he/she married before? YES/NO If yes was he/she widowed or divorced?	
His/Her surname before marriage:	
His/Her surname at birth:	
His/Her education/vocational training:	
His/Her present employer(pls include name, address, and phone number):	
Date employment commenced:	
Past employer & position held:	
Other income sources (please list) with estimated annual amounts:	
Eg: child tax, support, social assistance, dividends, interest, pension	



CHILD(REN) = CHILD #1	
First Name:	
Middle Name:	
Last Name:	
Birthdate: dd/mmm/yyyy	
Current Age:	
Place of Birth:	
Resident in BC Since?	
School and/or daycare attending?:	
Grade entering in Sept of this year:	
With whom does the child reside and on what schedule?	
Any child support been paid? If so by whom and how much?	
What activities is the child involved in?	
Does the child have any special needs and/or health issues and/or concerns:	
Is the child attending post-secondary school? If yes, please confirm if full time or part time and provide details:	
Does anyone else have regular contact with the child (i.e. grandparent, aunt, caregiver) Please provide details:	
Does this child have any assets, trust property, bank accounts, etc? If yes, please list:	
Contact Information for this child's Doctor:	
Is there a disagreement/or is there likely to be a disagreement about custody, guardianship, and/or access to this child? YES/NO	



CHILD(REN) = CHILD #2	
First Name:	
Middle Name:	
Last Name:	
Birthdate: dd/mmm/yyyy	
Current Age:	
Place of Birth:	
Resident in BC Since?	
School and/or daycare attending?:	
Grade entering in Sept of this year:	
With whom does the child reside and on what schedule?	
Any child support been paid? If so by whom and how much?	
What activities is the child involved in?	
Does the child have any special needs and/or health issues and/or concerns:	
Is the child attending post-secondary school? If yes, please confirm if full time or part time and provide details:	
Does anyone else have regular contact with the child (i.e. grandparent, aunt, caregiver) Please provide details:	
Does this child have any assets, trust property, bank accounts, etc? If yes, please list:	
Contact Information for this child's Doctor:	
Is there a disagreement/or is there likely to be a disagreement about custody, guardianship, and/or access to this child? YES/NO	



CH	IILD(KEN) = CHILD #3
First Name:	
Middle Name:	
Last Name:	
Birthdate: dd/mmm/yyyy	
Current Age:	
Place of Birth:	
Resident in BC Since?	
School and/or daycare attending?:	
Grade entering in Sept of this year:	
With whom does the child reside and on what schedule?	
Any child support been paid? If so by whom and how much?	
What activities is the child involved in?	
Does the child have any special needs and/or health issues and/or concerns:	
In the shill attending past cooperdamy	
Is the child attending post-secondary school? If yes, please confirm if full	
time or part time and provide details:	
Does anyone else have regular contact	
with the child (i.e. grandparent, aunt, caregiver) Please provide details:	
Does this child have any assets, trust	
property, bank accounts, etc? If yes,	
please list:	
Contact Information for this child's	
Doctor:	
Is there a disagreement/or is there	
likely to be a disagreement about	
custody, guardianship, and/or access	
to this child? YES/NO	



APPENDIX 1

Family Law Act, Section 38

Assessing family violence

- For the purposes of section 37 (2) (g) and (h) [best interests of child], a court must consider all of the following:
 - a) the nature and seriousness of the family violence;
 - b) how recently the family violence occurred;
 - c) the frequency of the family violence;
 - d) whether any psychological or emotional abuse constitutes, or is evidence of, a pattern of coercive and controlling behaviour directed at a family member;
 - e) whether the family violence was directed toward the child;
 - f) whether the child was exposed to family violence that was not directed toward the child;
 - g) the harm to the child's physical, psychological and emotional safety, security and well-being as a result of the family violence;
 - h) any steps the person responsible for the family violence has taken to prevent further family violence from occurring;
 - i) any other relevant matter.