

CLIENT INFORMATION	
First Name:	
Middle Name:	
Last Name:	
Address of Residence:	
City/County/District	
Province/State/Territory:	
Postal Code/Zip Code:	
Phone # we can contact you at:	
Email we can contact you at:	
Birthdate: (dd/mmm/yyyy)	
Gross Annual Income:	
OPPO	DSING PARTY INFORMATION
First Name:	
Middle Name:	
Last Name:	
Address of Residence:	
City/County/District	
Province/State/Territory:	
Postal Code/Zip Code:	
Home number:	
Cell number:	
Email:	
Birthdate: (dd/mmm/yyyy)	



Date you started living together:			
	Date:		
Place of marriage:	C.		
	City:	-	
	ProvCountry_		
Date of separation:			
Date of Divorce (if applicable)			
Children? If yes, please fill out applicable Children forms	Name	DOB: A	Age
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 attachment) 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:			
Are you or your spouse/partner	If yes, please provide the FMEP	Case No.	
enrolled with the Family Maintenance		Gube 1 10.	
Enforcement Program YES/NO			



OTHER 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):	
Present position held:	
Date you commenced employment	
with them:	
Annual Salary: GROSS/NET	
Past employer & position held:	
Other income sources (please list) with estimated annual amounts:	



ASSETS/DEBTS	Date acquired or incurred	Value or Amount	In whose name is this registered?
1. Real Estate (Record encumbrances under DEBTS be	low.)		1
2. Vehicles: List cars, trucks, motorcycles, trailers, motor	homes, boats, etc.		
3. Financial assets : Record account # and name of institution owe you	Lution where accour	l its are held and li	l ist any monies people
4. Pensions and RRSP's: name and address of pension p	lan and financial in	stitution	1
5. Business Interests: Record the name and address of th	e company and det	tails of your inter	eest
6. Other: Include precious metals, collections, works of art and any safety deposit boxes	i jewellery or household	items of extraordin	ary value & contents of
7. Secured Debt Details: mortgages, lines of credit, loans and ot	her secured debts	1	
8. Unsecured Debt Details: bank loans, personal loans, credit	cards, lines of credit, a	nd other unsecured	debts, loans from others
9. Disposal of Property: all assets disposed of and debts paid off	during the 2 years pre	ceding todays date)	
10. Income of other persons in Household (list their name	e, their title or relation.	ship, and their anni	ual income



OTHER 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):	
His/Her position held:	
Date of commencement:	
Annual Salary: GROSS/NET	
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	



CHILD(REN) = 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:	
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	



Family Law Act, Section 38

Assessing family violence

- 38 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 wellbeing 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.