



CLIENT INTERVIEW FORM - FAMILY LAW

Date: _____ Referred By: _____
Lawyer: _____ Legal Assistant: _____

CLIENT IDENTIFICATION

Full Name: _____
Home Address: _____
Mailing Address: _____

Home Phone: _____ Work: _____ Fax: _____
Mobile: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
Surname at Birth: _____ Surname Prior to this Marriage: _____
Social Insurance Number: _____

Employer: _____ Occupation/Position: _____
If self-employed, describe: _____
Work Address: _____

Person to Contact if You are Unavailable: _____
Home Phone: _____ Work: _____ Mobile: _____

FORMER SPOUSE IDENTIFICATION

Full Name: _____
Home Address: _____
Mailing Address: _____

Home Phone: _____ Work: _____ Fax: _____
Mobile: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
Surname at Birth: _____ Surname Prior to this Marriage: _____
Social Insurance Number: _____

Employer: _____ Occupation/Position: _____
If self-employed, describe: _____
Work Address: _____

RELIEF SOUGHT

What are you seeking (Divorce, Separation Agreement, Custody, Access, Parenting Plan, Support (child and/or spousal), Matrimonial Property Division, Pre-nuptial or Cohabitation Agreement, Other)?

MARRIAGE / COMMON LAW RELATIONSHIP

Date of Marriage: _____ Place of Marriage: _____

Did you live common law prior to the marriage? Yes No If so, how long? _____
If never married, did you live together? Yes No If so, for what period? _____

Marital status at date of marriage:

Client: Never married, Divorced, Widowed

Spouse: Never married, Divorced, Widowed

Date of separation if applicable: _____

Reasons for separation: _____

Do you wish to seek a divorce based on a one-year separation or on cruelty or adultery? _____

If cruelty or adultery, provide details: _____

Any Cohabitation, Prenuptial or Marriage (Antenuptial) Agreements? Yes No If so, provide details?

Have you and/or your spouse lived in Alberta for at least one year? Yes No If so, who?

Are you a Canadian Citizen Canadian Resident US Citizen Other Details: _____

Describe any attempts to reconcile after separation (including any counselling):

Is there any possibility of reconciliation? Yes No

If so, do you know that marriage counselling and mediation services are available to you? Yes No

Would you like us to provide a referral? Yes No

CHILDREN

NAME: (First, Middle, Last)	Date of Birth	Place of Birth

Are all of the children from this relationship? Yes No

If not, please provide details (eg: your child(ren) from a prior relationship; your spouse's child(ren) from a prior relationship, etc.):

Do any of the children have special needs? Yes No

If yes, please provide details:

What are the existing arrangements regarding the children? (including support, and parenting schedule)

Are the children covered by medical and dental insurance? Yes No

If so, provide details: _____ Who is paying? _____ Amount? _____

Are there health expenses which exceed insurance (orthodontics, counselling, prescriptions, optometry, etc)?

Yes No

If so, what? _____ Who is paying? _____

What school(s) do the children attend: _____

If any of the following special expenses regarding the child(ren) apply, please indicate amount of expense and how it is currently being paid:

CATEGORY	DESCRIBE	AMOUNT	WHO PAYS?
Child Care Costs			
Medical & Dental costs not covered by insurance			
Extra-curricular Activities (Sports, lessons, classes, etc.)			
Post-Secondary Education Costs			
Extraordinary Education Costs			
Other (Specify)			

PRIOR PROCEEDINGS

Are there any other Court proceedings with respect to you and your spouse? Yes No

If yes, please provide details:

Are there any Court Orders with respect to you and your Spouse? Yes No

If yes, provide particulars:

Have you and your spouse come to any written or verbal agreements with regard to your separation?

Yes No

If so, explain particulars:

INCOME INFORMATION

Income Source	Client - Amount	Spouse - Amount
Employment Income		
Pay Period (weekly, bi-weekly, monthly)		
Employment Insurance Benefits		
Worker's Compensation Benefits		
Interest and Investment Income		
Pension Income		
Self-employment Income		
Other Income (describe)		

Total Income (line 150) on last filed Tax Return (Client) _____ ; year: _____

Total Income (line 150) on last filed Tax Return (Spouse) _____ ; year: _____

Expected income at line 150 of this year's Tax Return (Client) _____

Expected income at line 150 of this year's Tax Return (Spouse) _____

Future education or employment intentions of you and/or your spouse (if known):

MATRIMONIAL PROPERTY

Asset	Particulars	In Whose Name?	Value (Estimated)
1. Real Estate <i>(List any and all interests in land, including leasehold interests and mortgages, whether or not you are registered as owner. Provide legal descriptions and indicate estimated market value of your interest without deducting encumbrances or costs of disposition.) (Record encumbrances under debts.)</i>	Address:		
2. Vehicles <i>(List all cars, trucks, motorcycles, trailers, motor homes, boats, etc.)</i>	Year/Make/Model		
3. Financial Assets <i>(List all savings and chequing accounts, term deposits, GICs, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies (indicate beneficiaries), accounts receivable, etc.)</i>	Institution & Acct #		
4. Pension and RRSPs <i>(Indicate name of institution where accounts are held, name and address of pension plan and pension details)</i>	Provider & Acct # / Policy #		Years of Contribution

Asset	Particulars	In Whose Name?	Value (Estimated)
5. Corporate/Business Interests <i>(List any interest you or your spouse hold, directly or indirectly, in any corporation, unincorporated business, partnership, trust, joint venture, etc.)</i>	Name, Reg. Office, Officer/Director		# of Shares & Value
6. Other <i>(List anything else of value that you or your spouse own, including precious metals, collections, works of art, jewellery or household items of high value. Include location of any safety deposit boxes)</i>	Description		

Debt	Particulars / Creditor	In Whose Name?	Balance Owing
1. Secured Debts <i>(List all mortgages, lines of credit, car loans, and any other debt secured against any asset)</i>			
2. Unsecured Debts <i>(List all bank loans, personal loans, lines of credit, overdrafts, credit cards and any other debts that you or your spouse have.)</i>			
3. Other <i>(List any other debts, or liabilities e.g. car lease payment.)</i>			

EXEMPTIONS

Under the *Matrimonial Property Act*, certain assets or portions of assets may be exempt from division. Please indicate whether you or your spouse received any of the following during the marriage and if so, describe.

	CLIENT	SPOUSE
Assets owned at date of marriage (ie: real estate, investments, savings, artwork, jewellery, etc.)		
Inheritances		
Gifts from Third Parties		
Insurance Policy Proceeds		
Personal Injury Awards		

Has any property with a value greater than \$1,000.00 been sold or transferred to anyone in the last year?

Yes No

If so, describe:

If you have any other comments, or require more space in which to answer a question, please do so below:

Please save this form and email it to info@vogel-llp.ca or fax it to **403.253.8036**.