

## CLIENT INTERVIEW FORM

### FAMILY LAW

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_  
Lawyer: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

#### >>> CLIENT IDENTIFICATION

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

If you prefer we not contact you or leave messages at a particular phone number or email address,  
please leave that space blank.

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ 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: \_\_\_\_\_ Cell: \_\_\_\_\_

#### >>> SPOUSE OR PARTNER IDENTIFICATION

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ 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: \_\_\_\_\_

Lawyer: \_\_\_\_\_

>>> RELIEF SOUGHT

What are you seeking (Divorce, Separation Agreement, Custody, Access, Parenting Plan, Child Support, Spousal Support, Property Division, Court Order, Other)?

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Are there any immediate or urgent concerns?

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>>> 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: \_\_\_\_\_

Current living situation: \_\_\_\_\_

Has your partner ever been physically abusive to you?  Yes  No

Has your partner ever been emotionally abusive to you?  Yes  No

Has your partner ever been abusive towards the children?  Yes  No

Have either the police or child protection services ever investigated abusive conduct towards you or the children?  Yes  No

Do you fear your partner?  Yes  No

Do you seek a divorce based on:  One-Year Separation  Cruelty  Adultery

If cruelty or adultery, provide details: \_\_\_\_\_

Any Cohabitation, Prenuptial or Marriage (Antenuptial) Agreements?  Yes  No

If so, provide details: \_\_\_\_\_

Have you and your spouse lived in Alberta for at least one year?  Yes  No

Are you a: Canadian Citizen  Canadian Resident  US Citizen  Other

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

(e.g.: 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 so, please provide details:

What are the existing arrangements regarding the children? (e.g., parenting schedule and financial support)

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:

Any Court Orders?  Yes  No

If yes, provide particulars: \_\_\_\_\_

Are there any court dates pending?  Yes  No

If so, explain particulars: \_\_\_\_\_



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

Yes  No If so, particulars: \_\_\_\_\_

**>>> INCOME INFORMATION**

INCOME INFORMATION	CLIENT - AMOUNT	SPOUSE - AMOUNT
Employment Income	\$	\$
Pay Period (weekly, bi-weekly, monthly)		
Employment Insurance Benefits	\$	\$
Worker's Compensation Benefits	\$	\$
Interest and Investment Income	\$	\$
Expected total income in the current year	\$	\$
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 for you and/or your spouse, if known:

**>>> MATRIMONIAL PROPERTY**

ASSET	PARTICULARS	IN WHOSE NAME?	VALUE (ESTIMATED)
<b>1. Real Estate</b> <i>(List any and all interests in land, e.g., 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:		
<b>2. Vehicles</b> <i>(List all cars, trucks, motorcycles, quads, trailers, motor homes, boats, etc.)</i>	Year/Make/Model		
<b>3. Financial Assets</b> <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. #:		



**>>> MATRIMONIAL PROPERTY**

ASSET	PARTICULARS	IN WHOSE NAME?	VALUE (ESTIMATED)
<b>4. Pension and RRSPs</b> <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:
<b>5. Corporate/Business Interests</b> <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:
<b>6. Other</b> <i>(List anything else of value that you or your spouse own, e.g., precious metals, collections, works of art, jewelry or household items of high value. Include location of any safety deposit boxes)</i>			

DEBT	PARTICULARS / CREDITOR	IN WHOSE NAME?	BALANCE OWING
<b>1. Secured Debts</b> <i>(List all mortgages, lines of credit, car loans, and any other debt secured against any asset)</i>			
<b>2. Unsecured Debts</b> <i>(List all bank loans, personal loans, lines of credit, overdrafts, credit cards and any other debts that you or your spouse have.)</i>			
<b>3. Other</b> <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 brought into the marriage (e.g. real estate, investments, savings, artwork, jewelry, etc.)		
Inheritances		
Gifts from third parties		
Insurance policy proceeds		
Personal injury awards		

Has any property with a value greater than \$1,000 been sold or transferred to any third party in the last year by either yourself or your spouse?  Yes  No If so, describe: \_\_\_\_\_

