

CLIENT QUESTIONNAIRE - Separation and Divorce

A. GENERAL INFORMATION

CLIENT:

Full Legal Name (Including Aliases):	
---	--

Social Insurance Number:	
--------------------------	--

Current Home Address:	
-----------------------	--

Mailing Address (if different than Home Address):	
--	--

Contact Info:	Home Phone:	(250)	
---------------	-------------	-------	--

Home Email:		Cell Phone:	(250)
-------------	--	-------------	-------

Work Address:	
---------------	--

Contact Info:	Work Phone:	(250)	
---------------	-------------	-------	--

Work Email:			
-------------	--	--	--

CLIENTS' SPOUSE OR COMMON-LAW PARTNER:

Full Legal Name: (Including aliases)	
---	--

Social Insurance Number	
-------------------------	--

Current Address:	
------------------	--

Contact Info:	Home Phone:	(250)	
---------------	-------------	-------	--

Email:		Cell Phone:	(250)
--------	--	-------------	-------

Has He / she Seen a Lawyer?			Yes		No		Unknown
-----------------------------	--	--	-----	--	----	--	---------

If Yes, Provide Lawyer Name:	
------------------------------	--

B. COHABITATION / MARRIAGE PARTICULARS

(1) Date of marriage or if common-law, commencement of cohabitation:	
---	--

(2) Proposed place of marriage:	
---------------------------------	--

(3) Premarital cohabitation::			Yes		No	
-------------------------------	--	--	-----	--	----	--

	If Yes, date cohabitation commenced on (approximate if needed)		
	YOU	SPOUSE	
	(4) Status before proposed marriage?	Never married <input type="checkbox"/>	Never married <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Divorced <input type="checkbox"/>
		Widowed <input type="checkbox"/>	Widowed <input type="checkbox"/>
	(5) Surname at birth		
	(6) Surname prior to marriage		
	(5) Date of birth		
(6) Place of birth (City/Province)			
(7) BC resident since month/year			

C. DETAILS OF SEPARATION

(1) Date of separation: _____

(2) Any cohabitation since separation: YES NO

(3) Any previous separations? If Yes, please provide dates of the separation periods. YES NO

(4) Any existing written Separation Agreements or Court Orders? **If Yes, please provide copies.** YES NO

(5) Reasons for separation: _____

(6) Is there a prenuptial or cohabitation agreement? If Yes, please provide a copy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(7) Was there a verbal agreement in connection with the separation? If Yes, please provide details.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(8) Are you interested in reconciliation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(9) Is your spouse interested in reconciliation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(10) Have you made attempts to reconcile?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(11) Any mental or physical disability of you, your spouse or a child? If yes, please provide details, including information re disability pension:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

(12) If you want a divorce order, do you have a government issued marriage certificate? If not, we may

need to order one.

Yes

No

(13) If you want a divorce order, can you provide a photograph of your spouse?

Will provide

Not applicable

D. CHILDREN

CHILDREN OF OUR MARRIAGE/RELATIONSHIP

Full Names

Birth dates

Grades / School

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

CURRENT LIVING ARRANGEMENTS FOR CHILDREN:

PRESENT:

PROPOSED:

CHILDREN FROM EITHER SPOUSE'S PREVIOUS RELATIONSHIPS: Please state children's names and ages, living arrangements and any child support paid or financial support given

SPECIAL NEEDS OF ANY OF YOUR CHILDREN:

E. EMPLOYMENT & EDUCATION

1. CURRENT

CLIENT

PARTNER

a. Name of employer: _____

b. Occupation title: _____

c. Income(as applicable) _____

(1) Hourly wage	\$ _____	\$ _____
(2) Current gross monthly	\$ _____	\$ _____
(3) Current net monthly	\$ _____	\$ _____
(4) Past year gross	\$ _____	\$ _____
(5) Past year net	\$ _____	\$ _____
(6) Health benefits?: If yes, particulars	_____	_____
(7) Job security?	_____	_____

2. PREVIOUS	CLIENT	PARTNER
a. Education and / or Specialized training		
b. Employment History (most recent first):		
i) Employer / Title Income / No. of Yrs		
ii) Employer / Title Income / No. of Yrs		
iii) Employer / Title Income / No. of Yrs		
iv) Employer / Title Income / No. of Yrs		
c. Did either party support the other through schooling, a career change or business start-up?		

F. PROPERTY OF THE PARTIES: Include property that has already been divided and property that is not to be divided and over which there is no dispute.

Under the *Family Law Act*, the values of assets must be determined or agreed upon for three different dates, namely the date your cohabitation or marriage began, the date of separation and the current date (or date of division). Also, the history of how assets were acquired or disposed of is important.

(1) FAMILY RESIDENCE:

(a) Civic Address: _____

(b) Names of registered owners on title _____

(c) Names of anyone with an interest in the property who is not on title, such as in-laws, other family members: _____

(d) Present approximate value: _____

(e) Date of purchase: _____

(f) Purchase price: _____

(g) Mortgagee(s): 1st 2nd (if any)

Amount(s) Owing: _____

Payment Amount(s): _____

(h) How do you or your spouse propose to deal with the Family Residence: _____

(i) Are you aware of any tax consequences that will arise on transfer or sale of the Family Residence? _____

(2) OTHER REAL PROPERTY (if more than one property, please list on a separate sheet of paper):

(a) Civic Address: _____

(b) Names of registered owners on title _____

(c) Names of anyone with an interest in the property who is not on title, such as in-laws, other family members: _____

(d) Present approximate value: _____

(e) Date of purchase: _____

(f) Purchase price: _____

(g) Mortgagee(s): 1st 2nd

Amount(s) Owing: _____

Payment Amount(s): _____

(h) How do you or your spouse propose to deal with the property? _____

(i) Are you aware of any tax consequences that will arise on transfer or sale of the property? _____

(3) VALUABLE HOUSE HOLD ITEMS (e.g. unique furniture, expensive jewellery, or works of art)

(4) VEHICLES and BOATS

Description of Vehicle(s) and Boats	Registered Owner(s)	Approximate Value	Amount of any loans owing?	Are both spouses on the loans?
a.				
b.				

c.				
d.				

(5) BUSINESS INTERESTS *(provide details of any interest owned directly or indirectly in any incorporated or incorporated business, including sole proprietorships, partnerships, trusts and joint ventures):*

How do you or your spouse propose to deal with the business interests:

--

Are you aware of any tax consequences that will arise on transfer or sale of the business interests?

--

(6) EMPLOYEE BENEFITS and DEFERRED INCOME: Do you or your spouse have any deferred compensation agreements, profit sharing plans, royalties, bonuses, additional contract benefits, expected lump sum severance or retirement payments? If so, please provide details.

(7) BANK ACCOUNTS

Name of Bank and Branch Location	Type of Account	Account Number	Held in Whose Name(s)?	Account Balance
a.				
b.				
c.				
d.				
e.				
f.				

(8) BONDS, GICS, TERM DEPOSITS, STOCKS, NOTES & OTHER INVESTMENTS

Description	Date Acquired	How Acquired	Current Market Value
a.			
b.			
c.			
d.			
e.			
f.			

How do you or your spouse propose to deal with the above investments?:

Are you aware of any tax consequences that will arise on transfer or sale of the above investments?

(9) REGISTERED RETIREMENT SAVINGS PLANS or REGISTERED RETIREMENT INCOME FUNDS

Institution	Account No.	In whose name?	Est. Value
a.			
b.			
c.			
d.			

How do you or your spouse propose to deal with the above RRSPs or RRIFs?

(10) PENSION PLANS:

	CLIENT	PARTNER
a. CPP BENEFITS:	_____	_____
b. OTHER:	_____	_____
Employer or Union:	_____	_____
Years of contribution to date:	_____	_____
Paid in contributions	_____	_____
Name of Pension Administrator(s):	_____	_____
Other prior pension / service:		

How do you or your spouse propose to deal with the above pensions?

(11) INSURANCE POLICIES

Name of Insurer	Policy Value	Beneficiaries	Cash Surrender Value
a.			
b.			
c.			

How do you or your spouse propose to deal with the above insurance policies?

(12) ANY OTHER ASSETS (Household items, furniture, musical instruments, valuable recreational equipment, tools, lottery winnings, purchased club memberships, patent rights, etc.):

Description	In Whose Name?	Approximate Value
a. Household items and furniture		

b.		
c.		

How do you or your spouse propose to deal with the above assets?

(13) INHERITANCES OR GIFTS: Did either you or your spouse receive any inheritances or large gifts before or during your relationship? Do you expect either of you will receive an inheritance? If so, please provide details.

G. DEBTS OF THE PARTIES (other than Mortgages)

(1) include all CREDIT CARDS, LINES OF CREDIT, OVERDRAFTS, PERSONAL LOANS, OUTSTANDING CONSUMER ACCOUNTS, INCOME TAX OR OTHER TAXES OWING, ORAL PROMISES TO PAY, and PROMISSORY NOTES. If you or your spouse have any debts that may be owing in the future, arising out of a present business or circumstance, please include those debts.

TYPE OF DEBT:	WHO INCURRED IT:	WHEN IT WAS INCURRED	WHY IT WAS INCURRED
a.			
b.			
c.			
d.			

How do you or your spouse propose to deal with the above debts?

H. DISPOSAL OF PROPERTY

Please list all property over \$1,000 in value that you or your spouse disposed of during the two years immediately preceding the date you completed this questionnaire. For example, if you cashed in RRPS to pursue education, or sold investments to purchase another asset.

I. ESTATE PLANNING MATTERS

	CLIENT	PARTNER
1. Do you have an existing Will in place. If yes, please provide a copy.	Yes / No	Yes / No
2. Do you have a Power of Attorney? If yes, please provide a copy.	Yes / No	Yes / No