

## FAMILY INTAKE FORM

**The information you are about to provide will be the basis for your discussions with your lawyer. At this time, you do not need evaluations or appraisal for listing assets and liabilities - your best estimates should be sufficient for most discussions. However, how you own the legal title to your assets is important and, if you are not sure whether, for example, your house is owned jointly with another person, ask your lawyer to investigate since assumptions can cause later problems. Also, if possible, check with your financial institutions for beneficiary designations on life insurance policies and pension plans.**

### YOUR INFORMATION

FULL NAME: (including middle name) \_\_\_\_\_

ADDRESS: (how long? \_\_\_\_ yrs.) Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS OF EMPLOYMENT: \_\_\_\_\_

HOW MANY YEARS EMPLOYED THERE: \_\_\_\_\_

ANNUAL BASE INCOME: \$ \_\_\_\_\_ COMMISSIONS/BONUSES: \$ \_\_\_\_\_

EMPLOYMENT PENSION PLAN AVAILABLE: YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYMENT GROUP BENEFITS AVAILABLE:(ie. health, dental) YES \_\_\_ NO \_\_\_

LIFE INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT, IF ANY \_\_\_\_\_

RESIDENT IN (municipality & province): \_\_\_\_\_

since: \_\_\_\_\_

SURNAME (at birth): \_\_\_\_\_ (just before marriage): \_\_\_\_\_

DIVORCED BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

PLACE AND DATE OF PREVIOUS DIVORCE (S): \_\_\_\_\_

**OPPOSING PARTY'S INFORMATION**

FULL NAME: (including middle name) \_\_\_\_\_

ADDRESS: (how long? \_\_\_\_ yrs.) Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HOW MANY YEARS EMPLOYED THERE: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

EMPLOYMENT PENSION PLAN AVAILABLE: YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYMENT GROUP BENEFITS AVAILABLE:(ie.health &amp; dental)YES \_\_\_NO \_\_\_

LIFE INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT, IF ANY \_\_\_\_\_

RESIDENT IN (municipality &amp; province): \_\_\_\_\_

since: \_\_\_\_\_

SURNAME (at birth): \_\_\_\_\_ (just before marriage): \_\_\_\_\_

DIVORCED BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

PLACE AND DATE OF PREVIOUS DIVORCE (S): \_\_\_\_\_

**JOINT INFORMATION**

DATE OF COHABITATION: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

**CHILDREN OF THE RELATIONSHIP**

1.) NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

2.) NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

3.) NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

4.) NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

WHO ARE THE CHILDREN PRESENTLY LIVING WITH: \_\_\_\_\_

HOW LONG HAVE THEY LIVED THERE? \_\_\_\_\_

ANY SPECIAL PROBLEMS WITH THE CHILDREN: YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE THE PRESENT ARRANGEMENTS WITH RESPECT TO ACCESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE EITHER YOU OR YOUR SPOUSE COMMENCED COURT PROCEEDINGS PERTAINING TO ANY ISSUE ARISING FROM THE RELATIONSHIP:

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please provide details)

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU AND YOUR SPOUSE ENTERED INTO ANY ORAL OR WRITTEN AGREEMENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_ (If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** The balance of this information form (Assets and Liabilities sections) should be completed only if your case involves a claim for property:

**ASSETS**

1. Automobiles and boats

Item: \_\_\_\_\_ Item: \_\_\_\_\_

Value: \_\_\_\_\_ Value: \_\_\_\_\_

In whose name: \_\_\_\_\_ In whose name: \_\_\_\_\_

2. Approximate value of household goods and contents: \_\_\_\_\_

3. Real Estate

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Value: \_\_\_\_\_ Value: \_\_\_\_\_

Original cost: \_\_\_\_\_ Original cost: \_\_\_\_\_

In whose name: \_\_\_\_\_ In whose name: \_\_\_\_\_

4. Bank accounts

Name of bank: \_\_\_\_\_ Name of bank: \_\_\_\_\_

Address of bank: \_\_\_\_\_ Address of bank: \_\_\_\_\_

Account number: \_\_\_\_\_ Account number: \_\_\_\_\_

In whose name: \_\_\_\_\_ In whose name: \_\_\_\_\_

Average balance: \_\_\_\_\_ Average balance: \_\_\_\_\_

If any of these accounts is/are held in your name with another person, do you intend that the other person should inherit the balance in such account (s) upon your death?

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5. Safety deposit box

Location: \_\_\_\_\_

Box number: \_\_\_\_\_

6. Life insurance

Name of company: \_\_\_\_\_ Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Type of plan: \_\_\_\_\_ Type of plan: \_\_\_\_\_

Named beneficiary: \_\_\_\_\_ Named beneficiary: \_\_\_\_\_

Value to your estate: \_\_\_\_\_ Value to your estate: \_\_\_\_\_

7. RRSPs, RIFs, pensions and annuities

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contract number: \_\_\_\_\_ Contract number: \_\_\_\_\_

Named beneficiary: \_\_\_\_\_ Named beneficiary: \_\_\_\_\_

Value to your estate: \_\_\_\_\_ Value to your estate: \_\_\_\_\_

8. Investments

Please list all stocks and/or bonds and their original costs and estimated market values:

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Please indicate whether any of these investments are held in the names of yourself and any other person. If yes, do you intend that this person will be the sole owner of these assets upon your death? \_\_\_\_\_

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**LIABILITIES**

1. Mortgages payable by you

Amount owing: \_\_\_\_\_ Amount owing: \_\_\_\_\_

Name of mortgagee: \_\_\_\_\_ Name of mortgagee: \_\_\_\_\_

Is this mortgage insured? \_\_\_\_\_ Is this mortgage insured? \_\_\_\_\_

2. Other debts

1. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

2. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

3. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

4. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

5. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

6. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

7. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

8. Name of Creditor \_\_\_\_\_ Amount owing: \_\_\_\_\_

Are any such debts (e.g., line of credit) secured by way of a collateral mortgage on real property? \_\_\_\_\_

Provide particulars: \_\_\_\_\_

\_\_\_\_\_

DID YOU OWN ANY PROPERTY OR HAVE ANY SIGNIFICANT DEBTS UPON MARRIAGE TO YOUR SPOUSE: YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please describe)

\_\_\_\_\_

\_\_\_\_\_

DID YOU RECEIVE ANY GIFTS OR INHERITANCE DURING YOUR MARRIAGE: YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please describe) \_\_\_\_\_

\_\_\_\_\_

Thank you for your time and co-operation in completing this form.