

CLIENT QUESTIONNAIRE

Referred by: _____ Date: _____

 Please **print** and complete all relevant questions. **All information provided is strictly confidential.** Thank you.

Legal Name _____ Spouse/Partner's Name _____
First Middle Last
Home Address _____ **Business Name** _____

Business Address _____

City _____ Prov. _____

Postal Code _____ Country _____ Occupation _____ Full/Part-Time _____

Tel (Home) _____ (Cell) _____ Tel (O) _____ (Ext) _____

Email _____ Email (O) _____

 Mail to: Home _____ Business _____ # of years at present place of employment _____

Lawyer _____ Gross Income from employment \$ _____

Firm _____ Net Income from employment \$ _____

Tel _____ (Ext.) _____ Gross Income from other sources \$ _____

 Email _____ Date of Birth / / Birth City _____
M D Y

Education Level Completed _____

RELATIONSHIP INFORMATION

 Date of Cohabitation/Marriage / / City of Cohabitation/Marriage _____
M D Y

 Date of Present Separation / / Date of Previous Separations / /
M D Y M D Y

Has a Divorce/Legal Petition been filed: (Yes / No) If yes, by: Wife / Husband _____ Date _____

Present Marital Status: Married Common law Separated Divorced Widowed Single

Currently Living Together: (Yes / No) Who Initiated Separation: Wife / Husband / Mutual

CHILDREN OF PRESENT MARRIAGE / RELATIONSHIP *Begin with oldest child:*

	Legal Name	Date of Birth	M/F	Primarily Resides with	Grade	School	Lawyer Y / N
	First Middle Last	M / D / Y					
1							
2							
3							
4							

5							
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POSSIBLE ISSUES IN DISPUTE

Are you able to discuss family / children's issues openly with each other? Yes _____ No _____

Please explain: _____

√ Custody _____ Access _____ Child Support _____ Spousal Support _____

√ Division of Property _____ Pension _____ Debts of Wife _____ Debts of Husband _____

√ Equalization Payment _____ Matrimonial Home (Possession, Vacate, Sale, Other) _____

Please Explain: _____

PRESENT RELATIONSHIP

CHILD SUPPORT

Are you **receiving** Child Support? Yes _____ No _____ If yes, amount per month \$ _____

Number of children: _____ Are payments made regularly? Yes _____ No _____ F.R.O. Yes _____ No _____
(Family Responsibility Office)

Are you **paying** Child Support? Yes _____ No _____ If yes, amount per month \$ _____

Number of children: _____ Are payments made regularly? Yes _____ No _____ F.R.O. Yes _____ No _____
(Family Responsibility Office)

Children's Special and Extraordinary Expenses: *Please list your child(ren's) expenses.*

	Child's Name	Special or Extraordinary Expenses	Monthly Amount	Yearly Amount	Paid By %	Available Tax Credit/Deduction
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

SPOUSAL SUPPORT

- √ Are you **receiving** Spousal Support? Yes ___ No ___ If yes, how much per month \$ _____
- √ Are payments made regularly? Yes ___ No ___ F.R.O. Yes ___ No ___
(Family Responsibility Office)
- √ Are you **paying** Spousal Support? Yes ___ No ___ If yes, how much per month \$ _____
- √ Are payments made regularly? Yes ___ No ___ F.R.O. Yes ___ No ___
(Family Responsibility Office)

Other Contributions To Living Expenses: _____

PREVIOUS RELATIONSHIPS

Have you cohabited / been married before? Yes ___ No ___

√ **Wife:** Yes ___ No ___ If yes date of cohabitation, marriage, divorce, death: _____

√ **Husband:** Yes ___ No ___ If yes date of cohabitation, marriage, divorce, death: _____

CHILDREN FROM PREVIOUS MARRIAGE(S) / RELATIONSHIPS

Place an () beside any of the children involved in the present dispute.*

Wife:

	Legal Name			Date of Birth M / D / Y	M/F	Primarily Resides with	Grade	School	Lawyer Y / N
	First	Middle	Last						
1									
2									
3									
4									

Husband:

	Legal Name			Date of Birth M / D / Y	M/F	Primarily Resides with	Grade	School	Lawyer Y / N
	First	Middle	Last						
1									
2									
3									
4									

√ Are you **paying** ___ or **receiving** ___ **Child Support?** Amount: \$ _____

√ Are you **paying** ___ or **receiving** ___ **Spousal Support?** Amount: \$ _____

PARENTING ISSUES

What we do best as parents is: _____

Are you able to discuss important issues affecting the children with your spouse? Yes ____ No ____

Can you make decisions about the children co-operatively? Yes ____ No ____

My hopes, goals or concerns for parenting in the future are: _____

My hopes, goals or concerns for my relationship with my spouse are: _____

My reasons for separating are: _____

During the relationship important decisions were made about:

	By My Spouse	By Me	Jointly
a) Children's Health Care	_____	_____	_____
b) Children's Education	_____	_____	_____
c) Children's Religious Training	_____	_____	_____
d) Children's Extracurricular Activities	_____	_____	_____
e) Payment for Extracurricular Activities	_____	_____	_____
f) Household Finances	_____	_____	_____

Have there been any incidents of:

		Verbal Abuse		Physical Abuse		Alcohol / Drug Abuse	
		By My Spouse	By Me	By My Spouse	By Me	By My Spouse	By Me
√	In the past six months?						
√	At any time in relationship?						

Please explain: _____

PROFESSIONAL SERVICES

Are you attending / did you attend individual or marital-family counselling? Yes / No _____

1. If yes, Name _____ From _____ (date) To: _____ (date)

2. If yes, Name _____ From _____ (date) To: _____ (date)

Are you interested in reconciliation? Yes / No _____ Counselling? Yes / No _____

Do the children have any medical / behavioural problems or attend individual counselling? Yes / No _____

If yes, Child _____ Diagnosis _____ Professional _____

If yes, Child _____ Diagnosis _____ Professional _____

If yes, Child _____ Diagnosis _____ Professional _____

CURRENT RESIDENTIAL ARRANGEMENTS *Describe present residential schedule:*

WEEK	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mom/Dad From-To							
1							
2							
3							
4							

Do you spend: (*circle*) Too much time, Too little time, or the right amount of time with each child?

Please Comment: _____

Who is your Primary Sitter / Emergency Contact: _____ Relationship: _____

NEW RELATIONSHIPS

Does **wife** have a new partner? (Yes / No) If Yes: Living with? (Yes / No) Name _____

Does **new partner** have children? Yes ____ No ____

	Name	Age	M / F	Primarily Resides with
1				
2				
3				

Does **husband** have a new partner? (Yes / No) If Yes: Living with? (Yes / No) Name _____

Does **new partner** have children? (Yes / No)

	Name	Age	M / F	Primarily Resides with
1				
2				
3				