Dear Client,

This is an e-form and may be completed on your computer, saved, and then returned via email. If you would prefer, you may print this form, fill it out by hand and return it by fax.

Please complete this form to the best of your ability; not all sections may apply to your case. We understand the information required is highly personal, however, it is necessary information for your lawyer to attend to your legal needs and will be held in the strictest of confidence.

**Instructions:**

1. Fill in the sections of this form that apply to your legal matter.
2. Form must be completed and returned **at least 24hrs prior** to first appointment.
3. Please attach copies of any Orders or Agreements you may have, when returning form.
4. Email completed form to: info@legalcoach.ca or fax completed form to: 778-400-5744.
5. Should you require any assistance with this form, email us at info@legalcoach.ca and we will be happy to assist you.

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| **Personal Information - Client** |
| Legal first name:      | Legal last name:      |
| Preferred first name:      | Middle name(s):      | Date of birth:      |
| Occupation:      | Gender: [ ]  Male [ ]  Female [ ]  Other | Social insurance number (optional):      |
| Resident of BC since:      | Previously married? [ ]  Yes [ ]  No | Surname immediately prior to marriage:      |
| **Contact Information - Client** |
| Address – number/street:      | City:      | Province:      | Postal code:      |
| Home telephone number:    -   -     | Cell phone number:   -   -     | Is it okay to leave messages? [ ]  Yes [ ]  No[ ]  Home [ ]  Cell [ ]  Work |
| Business telephone number:   -   -     Local/Ext #      |
| Email address:      | Preferred Contact Method:      |
| **Personal Information – Spouse Or Opposing Party** |
| Legal first name:      | Legal last name:      | Middle name(s):      |
| Address – number/street:      | City:       | Province:      | Postal code:      |
| Telephone Number:   -   -     | Email address:      | Occupation:      |
| Date of birth:      | Resident of BC since:      | Previously married? [ ]  Yes [ ]  No | Surname immediately prior to marriage:      |
| **Relationship Information** |
| Date you started living together:      | Were you legally married? [ ]  Yes [ ]  No | Date of marriage:      |
| Location of marriage (town, city):      | Date of separation:      | If divorced, date of divorce:      |
| What is your reason for separating?       |
| Have you separated and reconciled previously?[ ]  Yes [ ]  No |  If so, what were the dates of separation and reconciliation?        |
| During the relationship has there ever been police intervention? [ ]  Yes [ ]  No | Do you have cause for concern, for your safety from your spouse or spouse’s family?[ ]  Yes [ ]  No |
| Has either you or your spouse been charged with a criminal offence? [ ]  Yes [ ]  No If yes, who?      What were the charges?       |
| **Children’s Information** |
| Child 1 – Legal first name:      | Legal last name:      | Middle name(s):      | DOB:      |
| Child 2 – Legal first name:      | Legal last name:      | Middle name(s):      | DOB:      |
| Child 3 – Legal first name:      | Legal last name:      | Middle name(s):      | DOB:      |
| Child 4 – Legal first name:      | Legal last name:      | Middle name(s):      | DOB:      |
| Is your spouse the parent of your children? If no, enter the full legal name of the other parent in the space provided.Child 1: [ ]  Yes [ ]  No      Child 2: [ ]  Yes [ ]  No      Child 3: [ ]  Yes [ ]  No      Child 4: [ ]  Yes [ ]  No       |
| If no, have they contributed to your child’ssupport for at least 1 year? [ ]  Yes [ ]  No | Was either parent the primary caregiver? [ ]  Yes [ ]  No If so who?      |
| What are the current parenting arrangements?      | Is there a court order or agreement in place regarding parenting arrangements?[ ]  Yes [ ]  No  |
| Does the child’s other parent pay child support to you?  [ ]  Yes [ ]  No – If so, how much?      Is there an order/agreement requiring them to pay? [ ]  Yes [ ]  No Is it registered with Family Maintenance Enforcement Program? [ ]  Yes [ ]  No |
| Do the children have any special needs?[ ]  Yes [ ]  No – If so, what are they?        |
| How are the children schooled?      |  If child is over 19 – check all that apply:  [ ]  Attend University [ ]  Work [ ]  Live at home [ ]  Financially dependent |
| What are your ideal parenting arrangements, after separation?      |
| **Children Of Your Spouse** |
| Child 1 – Legal first name:      | Legal last name:      | Middle name(s):      | DOB:      |
| Child 2 – Legal first name:      | Legal last name:      | Middle name(s):      | DOB:      |
| Have you supported them financially for over 1 year? [ ]  Yes [ ]  No | Does the child’s other parent pay child support to your spouse?  [ ]  Yes [ ]  No – If so, how much?      Is there an order/agreement requiring them to pay? [ ]  Yes [ ]  No Is it registered with Family Maintenance Enforcement Program? [ ]  Yes [ ]  No |
| **Spousal Support Information** |
| Do you currently pay spousal support to anyone? [ ]  Yes [ ]  No – If so, to whom?       What amount do you pay monthly?      Is there a current Order/agreement requiring you to pay spousal support? [ ]  Yes [ ]  NoIs the Order/agreement registered with Family Maintenance Enforcement Program? [ ]  Yes [ ]  No |
| Does your spouse currently pay spousal support to you or anyone else? [ ]  Yes [ ]  No – If so, to whom?       What amount do they pay monthly?      Is there a current Order/agreement requiring them to pay spousal support? [ ]  Yes [ ]  No Is the Order/agreement registered with Family Maintenance Enforcement Program? [ ]  Yes [ ]  No |
| Did you stay at home to raise children during the relationship? [ ]  Yes [ ]  No - If so, for how long?      |
| Did your spouse stay at home to raise children during the relationship? [ ]  Yes [ ]  No - If so, for how long?       |
| Have you supported your spouse in the advancement of his/her career or education? [ ]  Yes [ ]  NoIf so, how?       |
| Has your spouse supported you in the advancement of your career or education? [ ]  Yes [ ]  NoIf so, how?       |
| Do you have any special needs/requirements for care? [ ]  Yes [ ]  No Did your spouse support you with care for these needs during the relationship? [ ]  Yes [ ]  No - If yes, how?       |
| Did your spouse have any special needs/requirements for care? [ ]  Yes [ ]  No Did you support him/her with care for these needs during the relationship? [ ]  Yes [ ]  No - If yes, how?       |
| Do you have a marriage agreement, which provides for your support upon dissolution of marriage? [ ]  Yes [ ]  No |
| **Asset Information** |
| Do you own a home/land? [ ]  Yes [ ]  No | Does your spouse own a home/land? [ ]  Yes [ ]  No | Are you on title to this property? [ ]  Yes [ ]  No |
| Do you have any investments? (RRSPS, stocks, bonds etc.) [ ]  Yes [ ]  No | List investments and amounts:      |
| Vehicles owned:Make:       Model:       Year:      Make:       Model:       Year:      Make:       Model:       Year:       |
| Do you have a pension other than CPP? [ ]  Yes [ ]  No Date you started contributing:      |
| List any other assets of value and the date you acquired the assets:      |
| **Excluded Property** |
| Have you received any significant gifts or inheritance from a third party during your relationship? [ ]  Yes [ ]  No How much?       | What happened to those gifts/inheritance?       |
| Did your spouse receive any significant gifts or inheritance from a third party during your relationship? [ ]  Yes [ ]  No How much?       | What happened to those gifts/inheritance?       |
| Did you receive any personal injury settlements/damages during your relationship? [ ]  Yes [ ]  No How much?       | What happened to those funds?       |
| Did your spouse receive any personal injury settlements/damages during your relationship? [ ]  Yes [ ]  No How much?       | What happened to those funds?       |
| **Business Information** |
| Do you have any shares in a corporation? [ ]  Yes [ ]  No | If yes, name of corporation(s):      | Amount:      |
| Do you have any control over a corporation? [ ]  Yes [ ]  No | If yes, name of corporation(s):      |
| Does your spouse have any shares in a corporation? [ ]  Yes [ ]  No | If yes, name of corporation(s):      | Amount:      |
| Does your spouse have any control over a corporation? [ ]  Yes [ ]  No | If yes, name of corporation(s):      |
| **Debt Information** |
| Do you have a mortgage? [ ]  Yes [ ]  No | Balance:      | Whose name is the mortgage in?      | What institute is the mortgage with?      |
| List all credit card debt (amount and credit card(s)):      |
| List all spouse’s credit card debt (amount and credit card(s)):      |
| Do you have any lines of credit/consolidation loans? [ ]  Yes [ ]  No Amount owed?      | What institute is the line of credit/consolidation loan with?      |
| Do you owe any family members debt? [ ]  Yes [ ]  No Amount owed?      | To whom do you owe this debt?      |
| List all other debt not yet mentioned:      |
| **Other Concerns, Questions Or Information Regarding Your Case** |
| Use this section to add any information, questions or concerns, that you feel are important to your case.      |

**\*\*Please attach copies of any prior Orders/Agreements.**