

VICTORIA SMITH, JD, C. Med., Cert CFM(FMC)

CONFIDENTIAL INTAKE FORM FOR COLLABORATIVE PRACTICE

This form and its contents will not be shared with your partner or his/her counsel without your permission. Please return the completed form prior to your consultation. Thank you in advance for completing it.

Name (in full): _____

Date of Birth: _____

S.I.N.: _____

Residence Address: _____

Address where mail should go if different from above: _____

Home Telephone Number: _____

Cell Phone Number: _____

Home E-mail Address: _____

Name and Address of Employer: _____

Employment Position / Title: _____

Work Phone Number: _____

Work Fax # (Is this a confidential fax? Or should we call before faxing?): _____

Work E-mail (Is this a confidential e-mail?): _____

What is the best way to contact you? (Please select one)

Home E-mail Work E-mail Cell Phone Business Phone Home Phone

INFORMATION ABOUT YOUR PARTNER

Name (in full): _____

Date of Birth: _____

S.I.N.: _____

Residence Address: _____

Home Telephone Number: _____

Cell Phone Number: _____

Home E-mail Address: _____

Lawyer's Name and Address: _____

Lawyer's Phone # _____ Fax #: _____

Name and Address of Employer: _____

Employment Position / Title: _____

Work Phone Number: _____

Work Fax Number: _____

Work E-mail Address: _____

RELATIONSHIP INFORMATION

Date of start of cohabitation: _____

Date of Marriage: _____

Date of Separation (if applicable): _____

CHILDREN

List all children of this marriage:

Full Name	Birthdate	School	Grade	Resides With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all children of your previous marriage, if applicable:

Full Name	Birthdate	School	Grade	Reside With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all children of your partner's previous marriage, if applicable:

Full Name	Birthdate	School	Grade	Resides With

SEPARATION INFORMATION

1. If you are separated, what have parenting and support arrangements been since separation?

2. Have you and your partner discussed settling any matters? Please explain.

3. What matters need to be resolved?

4. Are any matters urgent? Please explain.

5. Have you and your spouse been to marriage counselling? If so, who?

6. Have you and/or your spouse obtained any counseling regarding your separation?
If so, who?

7. Have your children seen a counselor? If so, who?

DETAILS OF MARRIAGE

Place of marriage:

Your surname immediately before marriage:

Your surname at birth:

Your partner's surname immediately before marriage:

Your partner's surname at birth:

Your marital status at time of marriage (never married, divorced or widowed):

Your partner's marital status at time of marriage (never married, divorced or widowed):

Your birthplace:

Your partner's birthplace:

How long have you resided in the Municipality in which you now live?

How long has your partner resided in the Municipality in which h/she now lives?

Who referred you to us? _____

Date: _____