



CLIENT INTERVIEW SHEET

DATE: _____

LAWYER: _____ REFERRED BY: _____

HOURLY RATES: \$ _____

RETAINER: \$ _____

CLIENT INFORMATION

- (a) Driver's License: _____
- (b) Birth Certificate: _____
- (c) Passport: _____
- (d) Health Care Card: _____
- (e) Other (Specify Type): _____

CLIENT'S FULL NAME: _____

PRESENT ADDRESS: _____

MAILING ADDRESS: _____
(if different than above) _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ CELL(or other contact): _____

DATE OF BIRTH: _____ PRESENT AGE: _____

PLACE OF BIRTH: _____

SURNAME AT BIRTH: _____

SURNAME BEFORE THIS MARRIAGE: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____ OTHER: _____

MARITAL STATUS AT TIME OF MARRIAGE: Single__ Widowed__ Divorced__

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

HOW LONG AT THAT EMPLOYER? _____

GROSS ANNUAL INCOME: \$ _____

FREQUENCY OF PAYMENT: Bi-Weekly ____ Bi-Monthly: ____ Monthly: ____

TOTAL INCOME ON LAST TAX RETURN: \$ _____

NET TAXABLE INCOME ON LAST TAX RETURN: \$ _____

OCCUPATION AT MARRIAGE: _____

DO YOU HAVE A VALID WILL: _____

IF SO, WHO ARE THE BENEFICIARIES: _____

WHO IS THE EXECUTOR/EXECUTRIX: _____

DO YOU WANT TO CHANGE YOUR WILL: _____

(If your matter is against an ex-spouse and you have a new spouse, what is your current spouse's name and date of birth:

Name _____

Date of Birth _____

INFORMATION ABOUT YOUR SPOUSE (OPPOSING PARTY)

SPOUSE'S FULL NAME: _____

SPOUSE'S PRESENT ADDRESS: _____

SPOUSE'S HOME PHONE: _____ WORK PHONE: _____

SPOUSE'S DATE OF BIRTH: _____ PRESENT AGE: _____

PLACE OF BIRTH: _____

SURNAME AT BIRTH: _____

SURNAME BEFORE THIS MARRIAGE: _____

MARITAL STATUS AT TIME OF MARRIAGE: Single: ____ Widowed: ____ Divorced: ____

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

HOW LONG AT THAT EMPLOYER? _____

GROSS ANNUAL INCOME: \$ _____

FREQUENCY OF PAYMENT: Bi-Weekly: ___ Bi-Monthly: ___ Monthly: ___

TOTAL INCOME ON LAST TAX RETURN: \$ _____

NET TAXABLE INCOME ON LAST TAX RETURN: \$ _____

SPOUSE'S OCCUPATION AT MARRIAGE: _____

MARITAL HISTORY:

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

DO YOU HAVE A GOVERNMENT ISSUED MARRIAGE CERTIFICATE: _____

DID YOU LIVE TOGETHER PRIOR TO MARRIAGE, IF SO, WHEN DID YOU
START LIVING TOGETHER: _____

IS THERE A PRENUPTIAL OR COHABITATION AGREEMENT: Yes: ___ No: ___

SEPARATION DATE: _____

REASONS FOR SEPARATION: _____

HAVE YOU OR YOUR SPOUSE BEEN RESIDENT IN ALBERTA FOR AT LEAST
ONE YEAR? Yes: ___ No: ___

GROUND(S) FOR DIVORCE: _____ One year separation (no fault)
_____ Adultery (committed by your spouse)
_____ Physical or mental cruelty

DO YOU WANT SUPPORT FOR YOURSELF? Yes: ___ No: ___

AMOUNT: \$ _____

HAVE YOU COMMENCED DIVORCE PROCEEDINGS AGAINST YOUR SPOUSE
IN THE PAST? Yes: ___ No: ___

IF YES, WHERE? _____

WHAT WAS DONE ABOUT THE ACTION? _____

DO YOU HAVE ANY DESIRE TO BECOME RECONCILED WITH YOUR SPOUSE?

Yes: ___ No: ___

IF NOT, WHY? _____

HAVE ANY EFFORTS TO RECONCILE BEEN MADE SINCE SEPARATION:

Yes: ___ No: ___

IF YES, EXPLAIN: _____

DO YOU KNOW THAT MARRIAGE COUNSELLING, GUIDANCE FACILITIES AND MEDIATION SERVICES ARE AVAILABLE TO YOU? Yes: ___ No: ___

CHILDREN

| | | |
|------------|----------------------------|---------|
| FULL NAME: | BIRTH DATE AND CURRENT AGE | GENDER: |
|------------|----------------------------|---------|

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS: Yes: ___ No: ___

IF YES, EXPLAIN:

| |
|-------|
| _____ |
| _____ |

PROPOSAL FOR PARENTING ARRANGEMENTS FOR CHILDREN

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

PROPOSAL FOR CHILD SUPPORT:

| |
|-------|
| _____ |
| _____ |
| _____ |

OTHER EXPENSES FOR CHILDREN:

CHILD CARE EXPENSES: _____

MEDICAL/DENTAL INSURANCE PREMIUMS: _____

HEALTH RELATED EXPENSES THAT EXCEED INSURANCE: _____

EXTRAORDINARY EXPENSES FOR EDUCATION: _____

POST-SECONDARY EDUCATION: _____

EXTRAORDINARY EXPENSES FOR EXTRACURRICULAR ACTIVITIES. (LIST BY INDIVIDUAL ACTIVITY):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

LIFE INSURANCE

DO YOU HAVE LIFE INSURANCE? _____

DEATH BENEFIT PAYABLE _____

IS THERE A CASH SURRENDER VALUE: _____

DOES YOUR SPOUSE HAVE LIFE INSURANCE? _____

DEATH BENEFIT PAYABLE _____

IS THERE A CASH SURRENDER VALUE: _____

| | | | |
|-------------------------|------------------------------|------------------------------|---------|
| MATRIMONIAL HOME | | | |
| ADDRESS: | | | |
| IN WHOSE NAME: | | | |
| (1) MKT VALUE | (2) 1 st MORTGAGE | (3) 2 nd MORTGAGE | EQUITY |
| | (BALANCE OWING) | (BALANCE OWING) | 1-(2+3) |
| \$ | \$ | \$ | \$ |

| | | | |
|--------------------------|------------------------------|------------------------------|---------|
| OTHER REAL ESTATE | | | |
| ADDRESS: | | | |
| IN WHOSE NAME: | | | |
| (1) MKT VALUE | (2) 1 st MORTGAGE | (3) 2 nd MORTGAGE | EQUITY |
| | (BALANCE) | (BALANCE) | 1-(2+3) |
| \$ | \$ | \$ | \$ |
| ADDRESS: | | | |
| IN WHOSE NAME: | | | |
| (1) MKT VALUE | (2) 1 st MORTGAGE | (3) 2 nd MORTGAGE | EQUITY |
| | (BALANCE) | (BALANCE) | 1-(2+3) |
| \$ | \$ | \$ | \$ |

VEHICLES: (include Motor homes, Motorcycles, Snowmobiles, etc.)

| | | | |
|----------------|-------------|---------------------------|-----------|
| Year: | Make/Model: | Value: \$ | Debts: \$ |
| Who drives it? | | Registered in whose name? | |
| Year: | Make/Model: | Value: \$ | Debts: \$ |
| Who drives it? | | Registered in whose name? | |
| Year: | Make/Model: | Value: \$ | Debts: \$ |
| Who drives it? | | Registered in whose name? | |
| Year: | Make/Model: | Value: \$ | Debts: \$ |
| Who drives it? | | Registered in whose name? | |

REGISTERED RETIREMENT SAVINGS PLANS:

| | | | | | |
|----------------|----|----------------|--|-------------|--|
| Current value: | \$ | In who's name? | | Where held? | |
| Current value: | \$ | In who's name? | | Where held? | |
| Current value: | \$ | In who's name? | | Where held? | |
| Current value: | \$ | In who's name? | | Where held? | |

WHO IS BENEFICIARY OF RSP'S: _____

BANK ACCOUNTS:

| | | | | | |
|----------------|--|--------|----|-------------|--|
| In who's name? | | Value: | \$ | Where held? | |
| In who's name? | | Value: | \$ | Where held? | |
| In who's name? | | Value: | \$ | Where held? | |
| In who's name? | | Value: | \$ | Where held? | |

OTHER INVESTMENTS/SAVINGS/TERM DEPOSITS:

| | | | | | |
|----------------|--|--------|----|-------------|--|
| In who's name? | | Value: | \$ | Where held? | |
| In who's name? | | Value: | \$ | Where held? | |
| In who's name? | | Value: | \$ | Where held? | |
| In who's name? | | Value: | \$ | Where held? | |

YOUR EMPLOYMENT PENSIONS:

EMPLOYER: _____

HOW LONG HAVE YOU BEEN CONTRIBUTING: _____

YOUR SPOUSE'S EMPLOYMENT PENSIONS:

EMPLOYER: _____

HOW LONG HAVE THEY BEEN CONTRIBUTING: _____

BUSINESS/CORPORATE INTEREST:

| Company or business name: | Who are shareholders/Owners and percentage owned: | Who are Officers/Directors |
|---------------------------|---|----------------------------|
| | | |
| | | |
| | | |
| | | |

OTHER ASSETS:

| | | | | | |
|--------------|--|-----------|--|--------|----|
| Description: | | Owned By: | | Value: | \$ |
| Description: | | Owned By: | | Value: | \$ |
| Description: | | Owned By: | | Value: | \$ |
| Description: | | Owned By: | | Value: | \$ |
| Description: | | Owned By: | | Value: | \$ |

DEBTS:

| | | | |
|-----------|--|------------------|----|
| Creditor: | | Balance Owing: | \$ |
| Security: | | Monthly Payment: | \$ |
| Creditor: | | Balance Owing: | \$ |
| Security: | | Monthly Payment: | \$ |
| Creditor: | | Balance Owing: | \$ |
| Security: | | Monthly Payment: | \$ |
| Creditor: | | Balance Owing: | \$ |
| Security: | | Monthly Payment: | \$ |
| Creditor: | | Balance Owing: | \$ |
| Security: | | Monthly Payment: | \$ |

WHAT ASSETS AND LIABILITIES DID **YOU** HAVE WHEN YOU GOT MARRIED
 (AND/OR STARTED LIVING TOGETHER) AND WHAT WERE THEY WORTH AT
 THE TIME: _____

WHAT ASSETS AND LIABILITIES DID **YOUR SPOUSE** HAVE WHEN YOU GOT MARRIED (AND/OR STARTED LIVING TOGETHER) AND WHAT WERE THEY WORTH AT THE TIME:

DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY GIFTS OR INHERITANCES FROM ANOTHER PERSON OR RECEIVE A TRUST, AWARD OR INSURANCE SETTLEMENT SINCE YOU STARTED LIVING TOGETHER.

IF SO, DESCRIBE IT, ITS' VALUE, WHEN RECEIVED AND ADVISE WHAT WAS DONE WITH THE GIFT/INHERITANCE /OTHER PAYMENT:

DO YOU HAVE ANY REASON TO CLAIM AN UNEQUAL DIVISION OF PROPERTY ACQUIRED DURING YOUR MARRIAGE?

HAS ANY PROPERTY BEEN SOLD OR TRANSFERRED TO ANYONE IN THE LAST YEAR?

IF YOU WERE TO LOOK AT A YEAR FROM TODAY, WHAT HAS TO HAPPEN IN YOUR PERSONAL AND BUSINESS LIFE FOR YOU TO BE SATISFIED WITH YOUR PROGRESS.
