

CLIENT INFORMATION FORM (CONFIDENTIAL)

* Please fill in this form as best as you can - it will save time and cost *

A. My Information		
First name:	Middle name(s):	Last name(s):
Any other names, including name at birth, previous marriage name, nickname, etc.:		
Date of birth (dd/mmm/yyyy):	Place of birth:	
My citizenship (country):	<input type="checkbox"/> Yes , I am a current or former U.S. citizen. <input type="checkbox"/> No , I have never been a U.S. citizen.	
I have resided in British Columbia since (dd/mmm/yyyy):		
Occupation:		
Contact Details: (for contact and information)		
Home address:		
City:	Prov.:	Postal code:
<input type="checkbox"/> Yes , you can send mail to this address.	<input type="checkbox"/> No , do not send me mail to this address. Send mail to this address:	
Cell:	<input type="checkbox"/> Yes , you can call me or leave a message. <input type="checkbox"/> No , do not call me at this number.	
Home:	<input type="checkbox"/> Yes , you can call me or leave a message. <input type="checkbox"/> No , do not call me at this number.	
Business:	<input type="checkbox"/> Yes , you can call me or leave a message. <input type="checkbox"/> No , do not call me at this number.	
Please provide your e-mail address(es) and ensure that you have recently changed the password(s) to your e-mail account(s)		
E-mail:	<input type="checkbox"/> Yes , you can contact me at this e-mail. <input type="checkbox"/> No , do not e-mail me at this address. Please use this e-mail address instead:	
Employment / Business Information:		
Name of my employer or business:		
Address:		
City:	Prov.:	Postal Code:
<input type="checkbox"/> Yes , you can send mail to this address.	<input type="checkbox"/> No , do not send mail to this address.	
My <i>gross</i> salary (i.e. before deductions): \$ / month \$ / year		
Do you have any other sources of income or remuneration? If so, provide details:		
B. The Other Party's Information		
First name:	Middle name(s):	Last name:

Any other names, including name at birth, previous marriage name, nickname, etc.:		
Date of birth (dd/mmm/yyyy):	Place of birth:	
Their citizenship (country): <input type="checkbox"/> Yes , they are a current or former U.S. citizen. <input type="checkbox"/> No , they have never been a U.S. citizen.		
They have resided in British Columbia since (dd/mmm/yyyy):		
Their occupation:		
Contact Details (for information only)		
Their home address:		
City:	Province:	Postal Code:
Cell:	Home phone:	Business Phone:
E-mail address:		
Employment / Business Information (for information only)		
Name of their employer or business:		
Address:		
City:	Prov.:	Postal Code:
Their gross salary (i.e. before deductions): \$ / month \$ / year		
Do they have any other sources of income or remuneration? If so, provide details:		
C. Marriage / Relationship Information		
Date of marriage (dd/mmm/yyyy):	Place of marriage City: Province: Country:	
Do you have a copy of the original marriage certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you live together before marriage? <input type="checkbox"/> Yes , we began living together on (dd/mmm/yyyy): <input type="checkbox"/> No		
If not married, date of first cohabitation (dd/mmm/yyyy):		
Date of separation of you and the other party (dd/mmm/yyyy):		
Your marital status at the time of marriage: <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		
The other party's marital status at the time of marriage: <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		
Are there any written agreements between you and the other party (e.g. cohabitation agreement, pre-nuptial agreement, separation agreement, etc.)? <input type="checkbox"/> Yes , I will provide / bring in a copy. <input type="checkbox"/> No		
Were you ever involved in any court proceedings in connection with the marriage / cohabitation, or in connection with any of the children of the relationship? <input type="checkbox"/> Yes , I will provide / bring in copies of any court documents. <input type="checkbox"/> No		
Were you or the other party ever married before the relationship? <input type="checkbox"/> Yes , I was married before.		
Name of previous spouse(s): Details:	Ended due to: <input type="checkbox"/> Divorce <input type="checkbox"/> Death	
Any children from the previous relationship (name(s) and age):		

Name:	Age:		
Name:	Age:		
Name:	Age:		
Name:	Age:		
Name:	Age:		
When you and the other party cannot agree on something, what usually happens?			
<input type="checkbox"/> We are usually able to work it out together. <input type="checkbox"/> Sometimes we can work it out together. <input type="checkbox"/> One person makes the decision. (If so, who?: _____) <input type="checkbox"/> We do not work it out.			
Comments or examples (briefly):			
Are you aware of 'alternative dispute resolution', such as collaborative law, mediation, arbitration and/or parenting coordination? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you presently seeing a counselor, therapist, psychologist and/or psychiatrist? <input type="checkbox"/> Yes , I am currently seeing: _____ <input type="checkbox"/> No			
D. Children's Information			
Children of the marriage / relationship			
Full Legal Name	Date of Birth (dd/mmm/yyyy)	Place of Birth (city, province)	Primarily Resides With
Is there a 'parenting plan' in place? <input type="checkbox"/> Yes , basic details: <input type="checkbox"/> No			
Do you or the other party pay child support for the child(ren)? <input type="checkbox"/> Yes , details: <input type="checkbox"/> No			
Does anyone else pay child support for the child(ren)? <input type="checkbox"/> Yes , details: <input type="checkbox"/> No			
Are there any existing agreements or court orders for parenting and / or child support? <input type="checkbox"/> Yes , I will provide / bring in copies. <input type="checkbox"/> No			
Are there any arrears of child support currently outstanding? <input type="checkbox"/> Yes , details: <input type="checkbox"/> No			
Are the children covered by any extended health or dental plans? <input type="checkbox"/> Yes , by plans belonging to: <input type="checkbox"/> me <input type="checkbox"/> the other party <input type="checkbox"/> other: <input type="checkbox"/> No			
How well do you and the other party talk to each other about the child(ren)? <input type="checkbox"/> Very well <input type="checkbox"/> Sometimes well <input type="checkbox"/> Poorly <input type="checkbox"/> Very poorly			
Comments or examples (briefly):			
Do the children presently see a counselor, therapist, psychologist and/or psychiatrist? <input type="checkbox"/> Yes , they are seeing: _____ <input type="checkbox"/> No			

E. Information on Assets and Debts			
What is the approximate family <i>net</i> worth?			
Please list any assets owned by you, the other party or both of you. Check the last column if the asset was owned by either of you <i>before</i> the relationship. (Please provide separate page(s) as necessary.)			
Assets (please describe)	Value (approx.)	Owned by:	Before?
Family residence:			<input type="checkbox"/>
Other real estate:			<input type="checkbox"/>
Business(es) or practice(s):			<input type="checkbox"/>
Bank accounts:			<input type="checkbox"/>
Pensions, RRSPs:			<input type="checkbox"/>
Investments:			<input type="checkbox"/>
Vehicles:			<input type="checkbox"/>
Any other assets:			<input type="checkbox"/>
Did you or the other party receive an inheritance and / or a settlement from a personal injury case (e.g. car accident) <i>before</i> or <i>during</i> the relationship?			
<input type="checkbox"/> Yes , details: <input type="checkbox"/> No			
Have you or the other party received any substantial gifts from others <i>before</i> or <i>during</i> the relationship?			
<input type="checkbox"/> Yes , details: <input type="checkbox"/> No			
Please list any debts owed by you, the other party, or both of you. Check the last column if the debt was owed by either of you <i>before</i> the relationship. (Please provide separate page(s) as necessary.)			
Debts (please describe)	Amount (approx.)	Owed by:	Before?
Mortgage:			<input type="checkbox"/>
Lines of credit:			<input type="checkbox"/>
Credit card balances:			<input type="checkbox"/>

Any other debts:			<input type="checkbox"/>
Please make note of any other property, asset(s) or debt(s) you brought into the relationship but then sold, transferred or paid off during your relationship. (Please provide separate pages as necessary.)			
F. Other Information			
Please feel free to set out any other information that you want us to know on separate pages (e.g. brief history of your relationship, questions or concerns you may have, or specific topics or areas of law that you require assistance with). Please try to provide this additional information, along with this form, prior to our initial meeting with you.			
<input type="checkbox"/> I have attached additional information to this questionnaire.			
Information I will bring with me to the first meeting, or am able to provide:			
<input type="checkbox"/> Original government-issued Certificate of Marriage <input type="checkbox"/> Photograph of my spouse / partner <input type="checkbox"/> Copy of any written agreement(s) between you and your spouse <input type="checkbox"/> Copy of any court documents if applicable. <input type="checkbox"/> Copies of financial or other related documents, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Income tax returns and Notices of Assessment (for past 3 tax years) <input type="checkbox"/> Recent statements for bank accounts, mortgage(s), credit cards, RRSPs, TFSAs, RESPs, investment(s) and similar accounts. <input type="checkbox"/> Recent real estate assessment(s) for any real property / home(s) <input type="checkbox"/> Statements for any pension(s) or similar retirement plan(s) <input type="checkbox"/> Any company / corporate financial statement(s)			
How did you find out about our firm or lawyer(s)? Or who in particular referred you to our office? (For our own information only and not for us to contact them):			
<input type="checkbox"/> I understand that this form does not constitute legal advice or an agreement for representation by Watson Goepel LLP or any of its employees.			
			_____ Initials

Thank you for taking the time to complete this form and providing documents where and when requested. This will help expedite our initial consultation process and will also assist with any on-going retainer for legal services, thus saving time and cost.

Sincerely,

The Watson Goepel Family Law Group
“A Relationship You Can Trust”



Supplementary Questionnaire – Family Law

We have found in working with families that violence to some degree is very common. As a Family Dispute Resolution Professional, under the new *Family Law Act*, we are now mandated to inquire into the prevalence of family violence in order to better assist our clients going forward. For this reason we ask everyone we discuss these three important questions:

- 1. *Have you ever had any concerns for your own safety or the safety of your children during the relationship?***
- 2. *Has your spouse ever caused you to feel threatened or fearful?***
- 3. *Do you believe there is an immediate risk of violence in your family, either to you or to your children?***

We are required by law to ask these questions of all of our clients for a number of reasons:

- 1. To assure the safety and well-being of family members,**
- 2. To assist potential victims to formulate a safety plan,**
- 3. To educate you about the potential impact violence may be having on your family members,**
- 4. To be able to refer you to appropriate services, and**
- 5. To ensure that parenting plans and separation agreements are made in an environment free of coercion and intimidation.**

If the answer to any of the above noted three questions is answered in the affirmative:

1. ***Who wants to end the relationship and why?***
2. ***What concerns do you have about separating?***
3. ***How were decisions made in your relationship?***
4. ***What happens when either of you gets angry?***
5. ***How do you and your spouse settle disputes when you don't agree?***
6. ***What happens when one of you gets angry?***
7. ***Are there any restraining orders or no contact orders?***
8. ***How do you think your partner influences the lives of your children?***
9. ***Do you get free time in the family or feel free to get together with friends or family?***
10. ***Is there a history of family violence in your family of origin or your partner's?***
11. ***Do you or your partner have a problem with alcohol or drugs?***
12. ***Have either of you ever threatened suicide?***
13. ***Are there any weapons in the home?***
14. ***Have you ever been injured by your partner during the relationship?***

CREDIT CARD AUTHORIZATION

Did you know that you can pay your account with Watson Goepel using your credit card? (We accept most major credit cards). If you wish to pay your account in this fashion, please complete and return the authorization below.

Thank you for referring your business to Watson Goepel LLP.

Date: _____

Client Reference / File Number: _____

To: Watson Goepel LLP

This is your authorization to deduct legal fees from my credit card.

Name (as it appears on card): _____

Credit Card Number: _____

Expiry Date: _____

CVV Number (back of card): _____

Amount: _____

Signature: _____

We also accept Interac for payment of accounts.



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