

FAMILY LAW CLIENT INTAKE FORM

Client's Full Name (First Middle Last) _____
Street Address _____ City/Province _____ Postal Code _____
Address you prefer correspondence be sent to (if different from Street Address) _____
Home telephone # (include area code) _____ Work telephone # _____
Cellular telephone # (include area code) _____ Email _____
Phone # you prefer to be reached at _____
Other names you may go by (First Middle Last) _____
Marital Status Prior to Present Marriage Single Divorced Widowed
Surname Prior to Present Marriage _____ Maiden Name _____
Birth Date (month/day/year) _____ Birth Place (City & Province) _____
Occupation _____ Place of Employment _____
Average Monthly Income _____ Resident in British Columbia since _____

Yes No Does client have a photo of spouse? (Photo will not be returned)
Yes No Does client have an **original** Provincial Marriage Certificate?

OPPOSING PARTY'S PARTICULARS:

Opposing Party's Full Name (First Middle Last) _____
Street Address _____ City/Province _____ Postal Code _____
Mailing Address (if different from Street Address) _____
Home telephone # (include area code) _____ Work telephone # _____
Cellular telephone # (include area code) _____ Email _____
Marital Status Prior to Present Marriage Single Divorced Widowed
Surname Prior to Present Marriage _____ Maiden Name _____
Birth Date (month/day/year) _____ Birth Place (City & Province) _____
Occupation _____ Place of Employment _____
Average Monthly Income _____ Resident in British Columbia since _____

MARRIAGE/Common-LAW PARTICULARS: (if applicable)

Date of Cohabitation (month/day/year) _____ Date of Marriage _____
Place of Marriage (City & Province) _____
Date of Separation (month/day/year) _____
Separation (written/verbal) Agreement? _____
Previous Court Orders? _____
Grounds for Separation? _____
Does either party have a Pension? Yes No if so, which party? _____

CHILDREN OF THE RELATIONSHIP

Full Name of Child	Birth Date (month/day/year)	Birth Place (City/Province)	Lived in BC Since:	Lives With:

Date of Client Appointment _____ Lawyer _____