

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 _____