

Domestic Contract Matter
Intake Form

All intake interviews should be conducted in person and in the presence of the lawyer.

Date: _____ Start time: _____ End time: _____
Our File No.: _____ Type of Legal Proceeding: _____

Client

Name (full legal name): _____
Address: _____

Identity Verification

Copy of identification obtained on: _____
(Copy kept in file)
Identification obtained and verified by photo identification:
Passport: _____
Driver's License DL: _____
Citizenship Card: _____

Background

Phone: Home: _____ Cell: _____ Work: _____
E-mail: _____ (Confirmed with client is confidential)
Date of Birth: _____ Age: _____ Place _____
Employer: _____
Employer address: _____
Position: _____
Length of employ: _____ Annual gross income: _____
Employment history: _____
Social insurance number: _____ Pension Plans: _____

Opposing Side

Husband Wife Statutory Common Law Partner Parent of Child of Relationship

Name of individual: _____
Address: _____ Telephone: _____
Date of Birth: _____ Age: _____ Place _____
Employer: _____
Employer address: _____
Position: _____
Length of employ: _____ Annual gross income: _____
Employment history: _____
Social insurance number: _____ Pension Plans: _____

Matrimonial Home

Location: _____ Approximate value: _____
Ownership: Joint Sole _____ Mortgage: _____
Address of mortgagee: _____
Value of mortgage on Separation: _____ Discharge/Renewal date: _____

Separation Details

Date of Separation: _____ Place of Separation: _____

Details of Marriage

Date of Marriage: _____ Location: _____ Cohabitation before marriage: _____

Current living arrangements: Living in the same home Living separate and apart _____**Information of Wife**

Surname at birth: _____ Name at time of marriage: _____

Marital status at time of marriage: _____

If previously married, name of former spouse: _____

Date of divorce from former spouse: _____ Place of divorce: _____

Information of Husband

Surname at birth: _____ Name at time of marriage: _____

Marital status at time of marriage: _____

If previously married, name of former spouse: _____

Date of divorce from former spouse: _____ Place of divorce: _____

Children of the Marriage

Name: _____ Date of Birth: _____

School attended: _____ Grade level: _____

Child's residence: _____ Length of time child resident: _____

Where is the child living and when do they see the other parent? _____

Current custody arrangement sought: Sole Joint _____

Name: _____ Date of Birth: _____

School attended: _____ Grade level: _____

Child's residence: _____ Length of time child resident: _____

Where is the child living and when do they see the other parent? _____

Current custody arrangement sought: Sole Joint _____

Name: _____ Date of Birth: _____

School attended: _____ Grade level: _____

Child's residence: _____ Length of time child resident: _____

Where is the child living and when do they see the other parent? _____

Current custody arrangement sought: Sole Joint _____**Existing Support Arrangements**

Spousal frequency: _____ Amount of payment: _____

Child support frequency: _____ Amount of payment: _____

OtherAny previous court actions: No Yes If yes, explain: _____Domestic contract: No Yes If yes, explain: _____**Income**

Gross weekly pay: _____ Regular wage: _____ Overtime pay: _____

C.P.P.: _____ U.I.C.: _____ Union Dues: _____

Disability: _____ Automatic Deductions: _____ Pension: _____

Other: _____

Assets

Vehicles: (1) _____ (2) _____
Works of Art: _____ Jewellery: _____
Contents of home: _____
Bank accounts: _____ Securities/RRSPs: _____
Life insurance: _____ Other: _____

Debts

(1) _____
(2) _____
(3) _____

Deadlines

Applicable limitation periods: _____ Other crucial deadlines: _____

Parenting Affidavit Information

1. Other names used during lifetime: _____

2. The child(ren) in this case is/are: _____

Child's full legal name: _____

Birthdate (d/m/y): _____ Age: _____

Full names of parents (if different from intake information): _____

Name(s) of all people the child lives with now (include addresses if the child does not live with you):

Child's full legal name: _____

Birthdate (d/m/y): _____ Age: _____

Full names of parents (if different from intake information): _____

Name(s) of all people the child lives with now (include addresses if the child does not live with you):

Child's full legal name: _____

Birthdate (d/m/y): _____ Age: _____

Full names of parents (if different from intake information): _____

Name(s) of all people the child lives with now (include addresses if the child does not live with you):

3. I am also the parent of or have acted as a parent (for example, as a step-parent, legal guardian, etc.) to the following child(ren): (Include the full legal names and birthdates of any child(ren) not already listed in paragraph 2)

4. I am or have been a party in the following court case(s) involving custody of or access to any child: (Including the child(ren) in this case or any other child(ren). Do not include cases involving a children's aid society in this section. Attach a copy of any custody or access court order(s) or endorsement(s) you have.)

Court location: _____

Names of people involved in the case: _____

Names of child(ren): _____

Court orders made (include dates of orders): _____

5. I have been a party or person responsible for the care of a child in the following child protection court case(s): (attach a copy of any relevant court order(s) or endorsement(s) you have.)

Court location: _____

Names of people involved in the case: _____

Names of children: _____

Court orders made (include dates of orders): _____

6. I have been found guilty of the following criminal offence(s) for which I have not received a pardon:

Charge: _____

Approximate date of finding of guilt: _____

Sentence received: _____

7. I am not charged with the following criminal offence(s):

Charge: _____

Date of next court appearance: _____

Terms of release while waiting for trial: (attach copy of bail or other release conditions, if any)

8. To the best of my knowledge, since birth, the child(ren) in this case has/have lived with the following caregivers:

9. The child(ren) does not/do not have any special medical, educational, mental health or developmental needs.

The child or one or more of the children has/have the following special needs and will receive support and services for those needs as follows: (if a child does not have special needs, you do not have to include information about the child below)

Medical: _____

Educational: _____

Mental Health: _____

Developmental: _____

Other: _____