

CLIENT INTAKE FORM - FAMILY LAW

Please Note: The information in this form, including producing 2 pieces of identification (one to be government-issued photo ID), is required by the Law Society of Ontario under By-Law 7.1 on Client Information. By completion and submission of this form you are consenting to provide me personal information about yourself. Completion and submission of this intake form does not create a Lawyer/Client relationship.

Please **attach** all existing Court Orders you have received.

Date: _____

Your full legal name: _____

Name you are known as, if different: _____

Home address: _____

Contact Numbers: Cell: _____

Can messages be left? Y/N

Home: _____

Can messages be left? Y/N

Business: _____

Can messages be left? Y/N

Email: _____

Who is living in matrimonial home _____

How did you hear about me? _____

Current employment status: _____

Work address: _____

Social Insurance Number _____

Date of Birth _____

Gross Annual Income (estimate) _____

Have you worked with a lawyer before on this matter? Who? _____

Are you in a new relationship? _____

Do you or your spouse have children from another relationship?

SPOUSE

Spouse's name

Spouse's address (if different)

Spouse's employment (Role, title)

Spouse's work address

Spouse's Cell number

Spouse's business number

Spouse's home number (if different)

Spouse's email

Spouse's Social Insurance Number

Spouse's Date of Birth

Spouse's lawyer (if any)

Spouse gross annual income (approx)

Is spouse in a new relationship?

Are there any existing court Orders? If so, please attached a copy

CHILDREN

Child 1

Full Name:

Date of Birth

Age

School attending

Level in school

-

Living with
Does your child have special
needs?

Child 2

Full name

Date of Birth

Age

School attending

Level in school

Living with
Does your child have special
needs?

Child 3

Full Name

Date of Birth

Age

School attending

Level in school

Living with
Does your child have special
needs?

DETAILS OF UNION

Is there a marriage contract(Pre-
nup)

Date started cohabitation (full
date):

Date of marriage

Place of Marriage:

Separated since:

Any religious barriers to divorce? _____

Any dates reconciled: _____

Divorced since: _____

Reason for separation: _____

Any substance Abuse issues (details) _____

I consent to Chancery Law Professional Corporation using my email address and name for the purpose of setting up an e-transfer for the ease of paying retainers and invoices if I move forward with a lawyer's services. The E-Transfer would ONLY be set up if I move forward with the solicitor-client relationship.

Signature

Tell me what it is that most concerns you:

Have the Police ever been called in your relationship? Why?

Anything else you would like to mention?
