

FAMILY QUESTIONNAIRE (FLA)

File #: _____

Date: _____

CLIENT INFORMATION:

Full name of client: _____

Address and postal code: _____

Telephone number: Business: _____ Residence: _____

Cellular: _____ Fax: _____

Email: _____

Referral Source: _____

Surname before this marriage: _____

Marital status before this marriage: _____

Date of birth: _____

Place of birth: _____

Amount of time in Alberta: _____

SPOUSE INFORMATION:

Name of Spouse: _____

Address and postal code: _____

Telephone number: Business: _____ Residence: _____

Cellular: _____ Fax: _____

Email: _____

Spouse's lawyer: _____

Surname before this marriage: _____

Marital status before this marriage: _____

Date of birth: _____

Place of birth: _____

Amount of time in Alberta: _____

-
-
10. Guardianship issues: _____
-
-
-
-
11. Child care expenses: _____
-
-
12. Medical/dental premiums: _____
13. Health expenses that exceed insurance (orthodontics, counseling, prescriptions, optometric, etc.): _____
-
-
-
14. Special education expenses: _____
-
-
15. Extracurricular activities: _____
-
-
-
-
-
-
-
-
-
16. Child's contribution: _____
-
-
17. Subsidies/credits/tax deductions: _____
-
-

18. Bursaries/trust funds/scholarships: _____

19. Parental responsibilities:

- a. Shared between the parties
- b. Client's responsibility only
- c. Respondent's responsibility only

<u>a</u>	<u>b</u>	<u>c</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child(ren)'s place of residence;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child(ren)'s education;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child(ren)'s extracurricular school activities;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child(ren)'s cultural upbringing;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child(ren)'s spiritual upbringing;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whom the child(ren) will associate with;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whether the child(ren) should work and, if so, the details of the work;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give consent to health-related treatment for the child(ren);
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give consent of a parent or guardian where required;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive and respond to any notice to a parent or guardian;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deal with any legal proceedings relating to the child(ren);
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appoint a person to act on behalf of the guardian in an emergency situation or when the guardian is temporarily absent;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive any health, educational and other information that may significantly affect the child(ren);
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other: _____ _____ _____

20. Best interest of the child? _____

CLIENT EMPLOYMENT INFORMATION

21. Education: _____

22. **Current Employment:**

- a. Name of employer: _____
- b. Address of employer: _____
- c. Job title: _____
- d. Total income declared on last tax return: _____
- e. Net taxable income declared on last tax return: _____
- f. Base salary: _____
- g. Bonuses: _____
- h. Benefits:
 - i. Life insurance: _____
 - ii. Disability insurance: _____
 - iii. AHC: _____
 - iv. Extended health/dental: _____
 - v. Pension: _____
 - vi. Savings plan: _____
 - vii. Stock options: _____
 - viii. Car allowance/company car: _____
 - ix. Other: _____
- i. Length of employment: _____
- j. Future education/employment intentions: _____

23. **Previous Employment:**

- a. Name of employer: _____
- b. Address of employer: _____
- c. Job title: _____
- d. Total income declared on last tax return: _____
- e. Net taxable income declared on last tax return: _____
- f. Base salary: _____
- g. Bonuses: _____
- h. Benefits:

- i. Life insurance: _____
 - ii. Disability insurance: _____
 - iii. AHC: _____
 - iv. Extended health/dental: _____
 - v. Pension: _____
 - vi. Savings plan: _____
 - vii. Stock options: _____
 - viii. Car allowance/company car: _____
 - ix. Other: _____
- i. Length of employment: _____
24. Employment history: _____
- _____
- _____
- _____
- _____
25. Resume: _____

SPOUSE'S EMPLOYMENT INFORMATION

26. Education: _____
- _____
- _____
27. **Current Employment:**
- a. Name of employer: _____
 - b. Address of employer: _____
 - c. Job title: _____
 - d. Total income declared on last tax return: _____
 - e. Net taxable income declared on last tax return: _____
 - f. Base salary: _____
 - g. Bonuses: _____
 - h. Benefits:
 - i. Life insurance: _____
 - ii. Disability insurance: _____
 - iii. AHC: _____
 - iv. Extended health/dental: _____

- v. Pension: _____
- vi. Savings plan: _____
- vii. Stock options: _____
- viii. Car allowance/company car: _____
- ix. Other: _____
- i. Length of employment: _____
- j. Future education/employment intentions: _____

28. **Previous Employment:**

- j. Name of employer: _____
- k. Address of employer: _____
- l. Job title: _____
- m. Total income declared on last tax return: _____
- n. Net taxable income declared on last tax return: _____
- o. Base salary: _____
- p. Bonuses: _____
- q. Benefits:
 - i. Life insurance: _____
 - ii. Disability insurance: _____
 - iii. AHC: _____
 - iv. Extended health/dental: _____
 - v. Pension: _____
 - vi. Savings plan: _____
 - vii. Stock options: _____
 - viii. Car allowance/company car: _____
 - ix. Other: _____
- r. Length of employment: _____

29. Employment history: _____

30. Resume: _____

PROPERTY

31. Jointly owned home: _____

a. Amount owing: _____

32. Other real estate: _____

33. Contents: _____

a. Specific items: _____

34. Art, jewellery and stamps/bullion/coins: _____

35. Vehicle 1: _____

Vehicle 2: _____

Owner: _____

Owner: _____

FMV: _____

FMV: _____

Loan: _____

Loan: _____

Vehicle 3: _____

Vehicle 4: _____

Owner: _____

Owner: _____

FMV: _____

FMV: _____

Loan: _____

Loan: _____

36. Trailer/Motor Home: _____

a. Amount owing: _____

37. Boat/aircraft: _____

a. Amount owing: _____

38. Miscellaneous Equipment/Machinery: _____

-
- a. Amount owing: _____
39. Livestock: _____
-
40. Tools: _____
-
41. Bank accounts:
- a. Joint accounts: _____
- _____
- _____
- b. His accounts: _____
- _____
- _____
- c. Her accounts: _____
- _____
- _____
42. Term deposits: _____
-
43. Rewards Points: _____
-
44. Life insurance: _____
-
45. Stocks/bonds: _____
-
46. Stock options: _____
-
47. Pensions: _____
-
48. RRSP's: _____
-
49. CPP: _____
-
50. Corporate interests: _____
-

51. Business/partnership/joint venture: _____

52. Mortgages/Agreements for Sale: _____

53. Trusts: _____

54. Assets held in trust for children: _____

DEBTS

	<u>JOINT</u>	<u>HIS</u>	<u>HER'S</u>
55. Credit cards			
56. Line of credit			
57. Bank loan			
58. Loan from third party			
59. Personal guarantee			
60. Income taxes			
61. Other			

UNJUST ENRICHMENT

62. Spousal Support: _____

63. Length of relationship: _____

64. Role of "Husband" in relationship: _____

65. Role of "Wife" in relationship: _____

66. Health issues of "Husband": _____

67. Health issues of "Wife": _____

68. Benefit provided: _____

69. Deprivation: _____

70. Jurisreason: _____

71. Property only reasonable remedy: _____

72. Proposed remedy: _____

MISCELLANEOUS INFORMATION

81. Marriage certificate: _____

82. Spouse's photograph: _____

83. Best place for service: _____

84. Best time for service: _____

85. Mediation: _____

86. Fee quote: _____

87. Financials requested: _____ Yes _____ No