

# **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

a      b      c

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <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: _____<br>_____<br>_____  |

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**

	<b><u>JOINT</u></b>	<b><u>HIS</u></b>	<b><u>HER'S</u></b>
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