FAMILY QUESTIONNAIRE (FLA)

File #:		Date:	
	CLIEN	IT INFORMATION:	
Full name of client:	·		
Address and postar c			
Telephone number:		Residence:	
		Fax:	
	Email:		
Referral Source:			
Amount of time in A	lberta:		
	SPOUS	SE INFORMATION:	
Name of Spouse: _			
Address and postal	code:		
Telephone number:	Business:	Residence:	
	Cellular:	Fax:	
	Email:		
Spouse's lawyer:			
Surname before this	s marriage:		
Marital status before	e this marriage:		
Date of birth:			
Place of birth:			
Amount of time in A	lhorta:		

RELATIONSHIP INFORMATION Start date of relationship: 2. End of relationship date: 3. Start date of cohabitation: 4. Relationship Contract: **ATTEMPTS AT RECONCILIATION** 5. Attempt at reconciliation: 6. Is reconciliation possible: , acknowledge that my lawyer has discussed with me alternative manners of resolving this matter other than court actions. I acknowledge that I have been informed of mediation facilities, family justice services known to the lawyer that may assist the parties resolving this matter. I have also been advised that I am able to request my lawyer to further search out these services and attempt to provide me the identity of these individuals. Client signature Date **CHILDREN OF RELATIONSHIP** 7. Name Birthdates Grade University Age Existing care arrangements: 9. Proposed care arrangements: _____

0.	Guardianship issues:
1.	Child care expenses:
2.	Medical/dental premiums:
3.	Health expenses that exceed insurance (orthodontics, counseling, prescriptions optometric, etc.):
4.	Special education expenses:
5.	Extracurricular activities:
6.	Child's contribution:

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

CLIENT EMPLOYMENT INFORMATION

Curr	ant	Employ	ment.							
a.	<i>-</i> 111	Name			of	:				employer:
b.		Addre	SS		(of				employer:
C.		Job								title:
d.		Total	income	decla	ıred	on		last	tax	return:
e.		Net	taxable	income	decla	ared	on	last	tax	return:
f.		Base				-				salary:
g.		Bonus	ses:							
h.		Benef	its:							
	i.		Life							insurance:
i	i.		Disability							insurance:
ii	i.		AHC:							
iv	/ .		Extended						he	alth/dental:
\	/ .		Pension:						-	
V	i.		Savings							plan:
vi	i.		Stock							options:

car	/	mpany	ance/co	allowa		Car		viii.
						Other:		ix.
employment				of			Length	i.
intentions:		ent		cation/er	educ		Future	j.
						/ment:	s Employ	. <u>Previou</u>
employer:				of			Name	a.
employer:			f	C		6	Address	b.
title:							Job	C.
tax return:	ast		on	ared	decla	income	Total	d.
tax return:	last	on	red	decla	income	taxable	Net	e.
salary:							Base	f.
						s:	Bonuse	g.
						 S:	Benefits	h.
insurance:						Life		i.
insurance:						Disability		ii.
						AHC:		iii.
health/dental:						Extended		iv.
						Pension:		V.

vi	i.	Savings		plan:
vii	i.	Stock		options:
viii	i.	Car	allowance/company	car:
ix	. .	Other:		
i.	Length		of	employment:
4. Emplo	 oyment histo			
.0. 110301				
		SPOUSE'S	EMPLOYMENT INFORMATION	
6. Educa	ation:			
7. Curre	ent Employ	ment:		
a.	Name of	employer:		
b.	Address	of employer:		
C.	Job title:			
d.	Total inc	ome declared o	n last tax return:	
e.	Net taxa	ble income decla	ared on last tax return:	
f.	Base sal	ary:		
g.	Bonuses	c		
h.	Benefits:			
	i. 1	Life insurance: _		
	ii. I	Disability insura	nce:	

		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.	<u>Previ</u>	ous Employment:
	j.	Name of employer:
	k.	Address of employer:
	I.	Job title:
	m.	Total income declared on last tax return:
	n.	Net taxable income declared on last tax return:
	0.	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.	Emplo	oyment history:
30.	Pocui	me:

PROPERTY

a. Amount owing:	
Contents:	
a. Specific items:	
	ion/coins:
/ohiolo 1:	Vohiclo 2:
/ehicle 1: Dwner:	
5 WITOT:	
FMV:	FMV:
FMV: Loan:	FMV: Loan:
FMV:	FMV: Loan: Vehicle 4:
FMV:	FMV: Loan: Vehicle 4: Owner:
FMV:	FMV: Loan: Vehicle 4: Owner: FMV:
FMV:	FMV: Loan: Vehicle 4: Owner: FMV: Loan:
coan:	FMV: Loan: Vehicle 4: Owner: FMV: Loan:

	a. Amount owing:	
39.	9. Livestock:	
1 0.	O. Tools:	
41.	1. Bank accounts:	
	a. Joint accounts:	
	b. His accounts:	
	c. Her accounts:	
1 2.	2. Term deposits:	
	•	
43.	3. Rewards Points:	
14.	4. Life insurance:	
1 5.	5. Stocks/bonds:	
16.	6. Stock options:	
1 7.	7. Pensions:	
48.	B DDSD's	
₩.	8. RRSP's:	
10		
19.	9. CPP:	
-0		
50.	Corporate interests:	

51.	Business/partnership	/joint venture:		
52.	Mortgages/Agreemer	its for Sale:		
53.	Trusts:			
54.	Assets held in trust for	or children:		
		<u>DEB</u>		
		<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":
co '	
ხგ. I	Benefit provided:
69. I	Deprivation:
70. 、	Jurisreason:

/1. F	Property only reasonable remedy:	_
'2. F	Proposed remedy:	
	MISCELLANEOUS INFORMATION	
31.	Marriage certificate:	
32.	Spouse's photograph:	
3.	Best place for service:	
84.	Best time for service:	
85.	Mediation:	
	Fee quote:	
	Financials requested: Yes No	