

# **DIVORCE & SEPARATION QUESTIONNAIRE**

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: \_\_\_\_\_

### **RELATIONSHIP/MARRIAGE INFORMATION**

1. Date of marriage: \_\_\_\_\_
2. Place of marriage: \_\_\_\_\_
3. Start date of cohabitation: \_\_\_\_\_
4. Date of separation: \_\_\_\_\_
5. Start date of relationship: \_\_\_\_\_
6. Pre-Nuptial/Marriage Contract: \_\_\_\_\_

### **GROUND**

- ☐ Separated
- ☐ Adultery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Cruelty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **ATTEMPTS AT RECONCILIATION**

7. Attempt at reconciliation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Is reconciliation possible: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, acknowledge that (lawyer) has drawn my attention to the provisions of the act that would not object of dealing with reconciliation between spouses. I acknowledge that (lawyer) has discussed with me the possibility of reconciliation and has informed me of all possible marriage and guidance counseling facilities currently available and known to him and has confirmed that he will provide me and search for the names of such guidance counseling facilities if I do so request.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

**CHILDREN OF MARRIAGE**

9.	Name	Birthdates	Age	Grade	University
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10. Existing care arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Proposed care arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Child care expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Medical/dental premiums: \_\_\_\_\_

14. Health expenses that exceed insurance (orthodontics, counseling, prescriptions, optometric, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Special education expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Child's contribution: \_\_\_\_\_

\_\_\_\_\_

18. Subsidies/credits/tax deductions: \_\_\_\_\_

\_\_\_\_\_

19. Bursaries/trust funds/scholarships: \_\_\_\_\_

### **CLIENT EMPLOYMENT INFORMATION**

20. Education: \_\_\_\_\_

21. **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: \_\_\_\_\_  
\_\_\_\_\_

**\*\* IF CLIENTS ARE/ WERE MILITARY, PLEASE OBTAIN:**

Pension Number: \_\_\_\_\_

Service Number: \_\_\_\_\_

Base & Section (if serving): \_\_\_\_\_

Enrolment Date: \_\_\_\_\_

Date of Release: \_\_\_\_\_

**22. 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: \_\_\_\_\_

23. Employment history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
24. Resume: \_\_\_\_\_

**SPOUSE'S EMPLOYMENT INFORMATION**

25. Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. **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: \_\_\_\_\_  
\_\_\_\_\_

27. **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: \_\_\_\_\_
28. Employment history: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
29. Resume: \_\_\_\_\_

**PROPERTY**

30. Matrimonial home: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- a. Amount owing: \_\_\_\_\_
31. Other real estate: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
32. Contents: \_\_\_\_\_
- \_\_\_\_\_
- a. Specific items: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

33. Art, jewellery and stamps/bullion/coins: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Vehicle 1: _____	Vehicle 2: _____
Owner: _____	Owner: _____
FMV: _____	FMV: _____
Loan: _____	Loan: _____

Vehicle 3: _____	Vehicle 4: _____
Owner: _____	Owner: _____
FMV: _____	FMV: _____
Loan: _____	Loan: _____

35. Trailer/Motor Home: \_\_\_\_\_  
\_\_\_\_\_  
a. Amount owing: \_\_\_\_\_

36. Boat/aircraft: \_\_\_\_\_  
\_\_\_\_\_  
a. Amount owing: \_\_\_\_\_

37. Miscellaneous Equipment/Machinery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
a. Amount owing: \_\_\_\_\_

38. Livestock: \_\_\_\_\_  
\_\_\_\_\_

39. Tools: \_\_\_\_\_  
\_\_\_\_\_

40. Bank accounts:

a. Joint accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Husband's accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- c. Wife's accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
41. Term deposits: \_\_\_\_\_  
\_\_\_\_\_
42. Rewards Points: \_\_\_\_\_  
\_\_\_\_\_
43. Life insurance: \_\_\_\_\_  
\_\_\_\_\_
44. Stocks/bonds: \_\_\_\_\_  
\_\_\_\_\_
45. Stock options: \_\_\_\_\_  
\_\_\_\_\_
46. Pensions: \_\_\_\_\_  
\_\_\_\_\_
47. RRSP's: \_\_\_\_\_  
\_\_\_\_\_
48. CPP: \_\_\_\_\_  
\_\_\_\_\_
49. Corporate interests: \_\_\_\_\_  
\_\_\_\_\_
50. Business/partnership/joint venture: \_\_\_\_\_  
\_\_\_\_\_
51. Mortgages/Agreements for Sale: \_\_\_\_\_  
\_\_\_\_\_
52. Trusts: \_\_\_\_\_  
\_\_\_\_\_
53. Assets held in trust for children: \_\_\_\_\_  
\_\_\_\_\_

### **DEBTS**

	<b><u>JOINT</u></b>	<b><u>HUSBAND</u></b>	<b><u>WIFE</u></b>
54. Credit cards			
55. Line of credit			
56. Bank loan			
57. Loan from third party			
58. Personal guarantee			
59. Income taxes			
60. Other			

### **PROPERTY EXEMPTIONS**

	<b><u>HUSBAND</u></b>	<b><u>WIFE</u></b>
61. Gifts from third party		
62. Inheritance		

63. Property acquired before marriage		
64. Settlements (torts)		
65. Insurance		

### **CONSIDERATION FOR EXEMPTIONS**

66. Contributions made by each spouse: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
67. Contributions of each spouse with regard to family, business or home: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
68. When property was acquired during marriage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
69. Income earning capacity: \_\_\_\_\_

- 
- 
70. Obligations/ liabilities of each spouse at time of marriage: \_\_\_\_\_
- 
- 
71. Obligations/ liabilities of each spouse at time of separation: \_\_\_\_\_
- 
- 
72. Previous distributions: \_\_\_\_\_
- 
- 
73. Third party gifts: \_\_\_\_\_
- 
- 
74. Previous orders, tax liabilities, a dissipated property, any other relevant fact and circumstances: \_\_\_\_\_
- 
- 
- 

### **MISCELLANEOUS PROPERTY ISSUES**

81. Gifts of assets since separation: \_\_\_\_\_
- 
82. Sale of assets since separation: \_\_\_\_\_
- 
83. Other dispositions since separation: \_\_\_\_\_
- 
84. Debts acquired since separation: \_\_\_\_\_
- 
85. Assets acquired since separation: \_\_\_\_\_
- 
86. GUARDIANSHIP ON DEATH: In the event of your death, would you want the other parent as the sole legal custodian and guardian of the child/ren?

87. Will: \_\_\_\_\_ Yes \_\_\_\_\_ No

I, \_\_\_\_\_, have been told to change my will by my lawyer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

88. Previous distribution of property between client and spouse: \_\_\_\_\_  
\_\_\_\_\_

89. Any written or oral agreement: \_\_\_\_\_  
\_\_\_\_\_

90. Any unusual circumstances re property (s. 8): \_\_\_\_\_  
\_\_\_\_\_

### **MISCELLANEOUS INFORMATION**

75. Spousal Support: \_\_\_\_\_

76. Years of marriage: \_\_\_\_\_

77. Role of Husband in marriage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

78. Role of Wife in marriage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

79. Health issues of Husband: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

80. Health issues of Wife: \_\_\_\_\_  
\_\_\_\_\_

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81. Self- Sufficiency of children: \_\_\_\_\_ YES      \_\_\_\_\_ NO

82. Lump sum: \_\_\_\_\_

91. Marriage certificate: \_\_\_\_\_

92. Spouse's photograph: \_\_\_\_\_

93. Best place for service: \_\_\_\_\_

94. Best time for service: \_\_\_\_\_

95. Mediation: \_\_\_\_\_

96. Fee quote: \_\_\_\_\_

## **CLIENT DOCUMENT CHECK LIST**

### ✓ Document

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- ☐ Marriage Certificate
- ☐ Photograph of Spouse
- ☐ Address and phone number of spouse
- ☐ Budget (retain receipts to "back up" expenses)
- ☐ Income Summary (client and spouse)
- ☐ Pay stubs for the last 3 months
- ☐ Employment contract/collective agreement
- ☐ Stock option agreement
- ☐ Documents to confirm previous exercise of options
- ☐ Tax returns for both parties for the last 5 years including T4's, T5's and Notices of Assessment and Reassessments
- ☐ Financial statements for all companies for the last 5 years
- ☐ Corporate tax returns for the last 5 years
- ☐ Corporate bank statements for the last 6 months (or more)
- ☐ Bank statements and cancelled cheques for the last 6 months or more
- ☐ Statements for GIC's, T-Bills, Term deposits and any other investment for the last 6 months
- ☐ RRSP statements for the last 6 months (or more)
- ☐ Brokerage statements for the last 6 months (or more)
- ☐ Certificate of Title for residence
- ☐ Appraisals for residence
- ☐ Current mortgage statement for residence
- ☐ Loan balance statements
- ☐ Personal Guarantees
- ☐ Loan applications
- ☐ Net worth statements
- ☐ Pleadings, Orders, etc. in any other court proceedings
- ☐ Pre-Nuptial or Settlement Agreement
- ☐ Resume
- ☐ Current Will
- ☐ Medical Reports