DIVORCE & SEPARATION QUESTIONNAIRE

File #:		Date:	
	CLIENT	INFORMATION:	
Full name of client:			
Telephone number	: Business:	Residence:	
	Cellular:	Fax:	
	Email:		
Referral Source:			
Surname before this	s marriage:		
Marital status before	e this marriage:		
Date of birth:			
Place of birth:			
	<u>SPOUSE</u>	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			

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:	
		GROUNDS
	Separated	
	Adultery:	
	Cruelty:	
	ATTEMP	TS AT RECONCILIATION
7.	Attempt at reconciliation:	
8.	Is reconciliation possible:	
I, _		, acknowledge that Mr. Reinhart has drawn my attention
		ould not object of dealing with reconciliation between Reinhart has discussed with me the possibility of
rec	onciliation and has informed me of	f all possible marriage and guidance counseling facilities
	rently available and known to him a names of such guidance counseling	and has confirmed that he will provide me and search for ng facilities if I do so request.
	ent signature	Date

CHILDREN OF MARRIAGE

9.	Name		Birthdates	Age	Grade	University
10.	Existing care an	angements:				
4.4						
11.	Proposed care a	arrangements: _				
12.	Child care expe	nses:				
13.	Medical/dental p	oremiums:				
14.	Health expens optometric, etc.)					prescriptions
15.	Special education	on expenses:				
16.	Extracurricular a	activities:				

	f.	Base								salar
	e.	Net	taxable	income	declare	ed	on	last	tax	returi
	d.	Total	income	decla	ared	on	l	ast	tax	returi
	C.	Job								title
	b.	Addres	SS		of					employe
	Current a.	Employ Name	ment:		of					employe
				EMPLOYN				<u>N</u>		
).	Bursarie	s/trust fu	nds/scholarsh	nips:						
3.	Subsidie	s/credits	/tax deductior	าร:						
		oninbun	on:							

i	ii.	Disability							insurance:
ii	ii.	AHC:							
į	٧.	Extended						he	alth/dental:
,	٧.	Pension:						_	
V	⁄i.	Savings							 plan:
V	ii.	Stock							— options:
Vi	ii.	Car		allowa	nce/cc	mpan	/		— car:
i	x.	Other:							
i.	Length	1		of				er	nployment:
j.	Future		educ	cation/em	ploym	ent		_	intentions:
22. Prev	ious Emplo	oyment:							
a.	Name			of					employer:
b.	Addres	SS		of					employer:
C.	Job								title:
d.	Total	income	decla	ared	on		ast	tax	return:
e.	Net	taxable	income	declar	ed	on	last	tax	return:
f.	Base								salary:

Ś	g.	Bonuse	es:		
I	า.	Benefit	S:		
	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.	Employr	ment histo	ory:		
24.					
25.	Education	on:		MPLOYMENT INFORMATIO	

26.	Curren	nt 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.	Previo	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.			
viii.		ır:	
ix.	Other:		
r. Ler	ngth of employment:		
Employme	nt history:		
Resume: _			
		<u>DPERTY</u>	
Matrimonia	al home:		
Other real	estate:		
Contents:			
Contents.			
a S	Specific items:		
u. C			
_			
Art, jewelle	ery and stamps/bullion/coins:		
	· 		
Vehicle 1:		Vehicle 2:	
Owner:		Owner:	
		FMV:	
Loan:		Loan:	

Vehicle 3:	Vehicle 4:		
Owner:	Owner:		
FMV:	FMV:		
Loan:	Loan:		
Trailer/Motor Home:			
a. Amount owing:			
Boat/aircraft:			
a. Amount owing:			
Miscellaneous Equipment/Machinery:			
a. Amount owing:			
Tools:			
Bank accounts:			
a. Joint accounts:			
b. Husband's accounts:			
c. Wife's accounts:			
Term deposits:			
Rewards Points:			
itewards Folitis.			

3.	Life insurance:
4.	Stocks/bonds:
5.	Stock options:
6.	Pensions:
7.	RRSP's:
8.	CPP:
9.	Corporate interests:
0.	Business/partnership/joint venture:
1.	Mortgages/Agreements for Sale:
2.	Trusts:
3.	Assets held in trust for children:

DEBTS

	<u>JOINT</u>	<u>HUSBAND</u>	<u>WIFE</u>
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

	<u>HUSBAND</u>	<u>WIFE</u>
61. Gifts from third party		
62. Inheritance		
63. Property acquired before marriage		

64	. Settlements (torts)		
65	. Insurance		
	. modranoc		
		1	L
	CON	SIDERATION FOR EXEMP	<u>rions</u>
66.	Contributions made by ea	ch spouse:	
67.	Contributions of each spo	use with regard to family, busin	ess or home:
68. V	When property was acquire	d during marriage:	
69. lı	ncome earning capacity: _		
70.6			
70. C	Obligations/ liabilities of eac	ch spouse at time of marriage: _	
71 C	 Obligations/ liabilities of eac	ch spouse at time of separation:	
71. C		ch spouse at time of separation:	

73. ⁻	Γhird 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.	Will: Yes No
	I,, have been told to change my will by my lawyer.
	Signature Date
87.	Previous distribution of property between client and spouse:
88.	Any written or oral agreement:
89.	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:
81.	Self- Sufficiency of children: YES NO
82.	Lump sum:
90.	Marriage certificate:
91.	Spouse's photograph:
92.	Best place for service:
93.	Best time for service:
94.	Mediation:
95.	Fee quote:

CLIENT DOCUMENT CHECK LIST

Document 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 П 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