

Date: _____

CLIENT INFORMATION SHEET

This form consists of four pages. Please complete all sections.

Information About You:

Your full name:

Your last name prior to marriage:

Your last name at birth:

Do you wish to change your name? yes, I wish to change my name to: _____
 no

Your marital status at the time of your marriage:

- never married
- divorced
- widowed

Your date and place of birth:

Date you began living in British Columbia:

Your citizenship:

Your address and telephone number:

Phone: _____

E-mail address: _____

Information about Your Partner/Spouse:

Your partner/spouse's full name:

Date: _____

Your partner/spouse's last name prior to marriage:

Your partner/spouse's last name at birth:

Your partner/spouse's marital status at the time of your marriage:

never married

divorced

widowed

Your partner/spouse's date and place of birth:

Date your partner/spouse began living in British Columbia:

Your partner/spouse's citizenship:

Your partner/spouse's address and telephone number:

Phone: _____

E-mail address: _____

Information about Your Relationship:

Date you and your partner/spouse began living together:

Place and date and place of your marriage:

Your separation date:

Do you have any of the following:

a cohabitation agreement?

a pre-nuptial/marriage agreement?

Date: _____

_____ a separation agreement?

_____ a Court Orders dealing with your relationship or your children?

[If you have any of the above, please provide me with copies]

Information about Children:

Include children of your or your partner/spouse from previous relationships and indicate whether they live with you or with another person:

Full name of child:	Age:	Date of birth:	Living with:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Family Law Act

It is a requirement under the *Family Law Act* that lawyers inquire into potential issues that may affect the appropriateness of a client's capacity to participate, negotiate and consent to agreements. Please indicate if any of the following apply to your family:

- Power imbalance (feeling controlled or coerced by your partner/spouse and/or a member of your family)
- Family violence involving: You
 Your children
- Substance abuse: You
 Your partner/spouse
 Your children
- Mental health: You
 Your partner/spouse
 Your children
- Physical disabilities You
 Your partner/spouse
 Your children

Date: _____

Other concerns that you wish me to be aware of:

***PLEASE NOTE THAT THE INFORMATION ON THIS PAGE WILL BE KEPT
CONFIDENTIAL BETWEEN YOU AND I AND WILL NOT BE DISCLOSED WITHOUT
YOUR PERMISSION TO ANYONE ELSE INVOLVED IN THE MEDIATION,
COLLABORATIVE OR COURT PROCESS***