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Please complete the following information which will be kept completely private and confidential. If you do not have Microsoft Word installed, please print and complete the form clearly in pen. Once completed, please e-mail the form directly to the e-mail address provided by your intake coordinator.

TODAYS DATE			CONSULTATION DATE				FOR OFFICE USE ONLY
Day:	Month:	Year:	Day:	Month:	Year:	Time:	

1. YOUR PERSONAL INFORMATION

Surname (last name)	First Name	Middle Name
Surname at birth	Surname just prior to marriage	Mother's maiden name <i>(this may be required for the Family Responsibility Office, if necessary)</i>

Date of Birth	Place of Birth
Day: Month: Year: Age:	City: Country:

Your current home address & contact information

Street Address	Unit	City	Province	Postal Code
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Is this the home you resided with your spouse/partner?	How long have you resided in the Municipality in which you now live?
Yes No	Year: Month:

I can be contacted at the above home address Yes No

Your current mailing address for confidential information (if different from above)

Street Address	P.O. Box	Unit/Suite	City	Province	Postal Code
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Can we contact you at the above address? Yes No

Telephone No. where we may contact you (include area code)

Home	Cell	Business	E-mail
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Please advise of any special communication instructions below (i.e. emergency contact)

2. YOUR EMPLOYMENT INFORMATION

Name of Employer	Self-Employed <i>(provide legal name of business)</i>	Do you earn cash income?	Your actual annual income
		Yes No	

Pension	Pension Details
Yes No	

3. SPOUSE/PARTNER'S PERSONAL INFORMATION

Surname (last name)	First Name	Middle Name
Surname at birth	Surname just prior to marriage	Mother's maiden name <i>(this may be required for the Family Responsibility Office, if necessary)</i>

Date of Birth Day: Month: Year: Age:	Place of Birth City: Country:
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Spouse's current home address & contact information

Street Address	Unit/Suite	City/Town	Province	Postal Code
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Is this the home you resided with your spouse/partner? Yes No	How long has your spouse resided in the Municipality in which s/he now lives? Year: Month:
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Spouse's telephone No. (include area code)

Home	Cell	Business	E-mail
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4. SPOUSE'S EMPLOYMENT INFORMATION

Name of Employer	Self-Employed <i>(provide legal name of business)</i>	Occupation	Does your spouse earn cash income? Yes No	Spouse's approximate annual income
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Pension Yes No	Pension Details
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5. SPOUSE'S LAWYER (if known)

Name of Lawyer	Has the lawyer contacted you? (if yes, please bring us a copy of the letter) Yes No
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6. HAVE YOU BEEN SERVED WITH ANY COURT DOCUMENTS?

Yes No	<i>if yes, please specify what documents and date you were served - please also ensure that you bring these documents with you to the consultation - (if no, please go directly to section #7)</i>
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Please advise of any special communication instructions below (i.e. emergency contact)	Date served Day: Month: Year:
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7. INFORMATION ABOUT YOUR SEPARATION

If separated from your spouse, what is the date of separation?

Day: Month: Year:

Enter any additional information.

If you are not sure of the date, please tell us when you felt that your marriage or relationship ended with no prospect of reconciliation. You can discuss this further with the lawyer during the consultation as this can be an important legal date.

Day: Month: Year:

When do you believe that your spouse felt that your relationship ended?

Day: Month: Year:

Enter any additional information.

Who made the decision to end the relationship?

My spouse's decision My decision Joint decision

Indicate the reasons that best explain why you separated (please check all that applies)

Poor communication

Infidelity

Different priorities/interest

Incompatibility

Different parenting styles

Lack of individual identity

Finances

Unmet expectations

Physical abuse/violence

Addiction

Different priorities/interest

Emotional abuse

No intimacy

Lack of individual identity

Mental illness

Other (please specify)

8. YOUR RELATIONSHIP HISTORY

Date of Marriage to your current spouse

Day: Month: Year:

Place of Marriage to your current spouse

City Province

When did you start cohabitating?

Day: Month: Year:

Have you been divorced before?

Yes No

If you have been divorced before, please provide full name of previous spouse/partner

Surname (last name)

First Name

Middle Name

If you answered yes to above when were you divorced?

Day: Month: Year:

If you answered yes to above, where were you divorced?

City Province Country

9. WHAT DO YOU NEED ASSISTANCE WITH? (check all that applies)

Separation	Who will care for children/access	Decision making for children/custody
Divorce	Child support	Change of child support currently paid
Property division	Spousal support	Change of spousal support currently paid
Other (please specify)		

10. INFORMATION ABOUT THE CHILDREN (if applicable)

CHILD # 1

Surname (last name)	First Name	Middle Name
Gender Male Female	Date of Birth Day: Month: Year: Age:	
Who is the child residing with? You Other Party Both Parties Other (Specify)	Does the child have any special health/education needs? If so, please provide details below:	

CHILD # 2

Surname (last name)	First Name	Middle Name
Gender Male Female	Date of Birth Day: Month: Year: Age:	
Who is the child residing with? You Other Party Both Parties Other (Specify)	Does the child have any special health/education needs? If so, please provide details below:	

CHILD # 3

Surname (last name)	First Name	Middle Name
Gender Male Female	Date of Birth Day: Month: Year: Age: Grade: Year:	
Who is the child residing with? You Other Party Both Parties Other (Specify)	Does the child have any special health/education needs? Yes No If so, please provide details below:	

CHILD # 4

Surname (last name)	First Name	Middle Name
Gender Male Female	Date of Birth Day: Month: Year: Age: Grade: Year:	
Who is the child residing with? You Other Party Both Parties Other (Specify)	Does the child have any special health/education needs? Yes No If so, please provide details below:	

11. EXISTING AGREEMENTS/HISTORY OF PAST COURT PROCEEDINGS

Have you signed a marriage contract, cohabitation agreement or other legal document relating to your relationship with your spouse? If yes, please provide details below. If no, please skip this go directly to No. 12)

Yes No

To your knowledge, has any such document been filed with the court? (specify below)

Yes No

Have there been any court proceedings between you and your spouse in the past? (specify below)

Yes No

12. MATRIMONIAL HOME AND OTHER REAL ESTATE

It is possible to have more than one matrimonial home. If you are unsure about what is a matrimonial home, please consult with your lawyer. If neither you nor your spouse owns any real estate, please skip this section.

Address of Matrimonial home if different from above

Street Address	Unit	City	Province	Postal Code
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In whose name is the title matrimonial home registered?

- You
- Other Party
- You and other Party
- Other (Specify)

Was the matrimonial home owned by either you or your spouse on the date of marriage?

Yes No

Was the matrimonial home sold? If so, when:

Approximate value of the matrimonial home today:

Do you or your spouse own any other real estate? (if so, please provide similar details below:

Is there a mortgage on the matrimonial home?

Yes No

If there is a mortgage, please enter amount below:

13. GENERAL

Please briefly let us know what you hope your matrimonial lawyer can achieve for you

14. REFFERAL SOURCE (s)

How did you hear about us?

15. FOR OFFICE USE ONLY

CONFLICT CHECK

**Conflict search completed by:
(Intake Coordinator)**

Date verified

Day: Month: Year:

**Conflict search completed by:
(Assigned lawyer)**

Date verified

Day: Month: Year:

**Conflict search completed by:
(Other Lawyer)**

Date verified

Day: Month: Year:

**Conflict search completed by:
(Other Lawyer)**

Date verified

Day: Month: Year:

**Conflict search completed by:
(Other Lawyer)**

Date verified

Day: Month: Year:

FOLLOW UP APPOINTMENT DATE (if applicable)

Day: Month: Year:

LIMITATION PERIOD (if applicable)

Day: Month: Year:

LAWYER'S NOTES

LAWYER'S NOTES