



## CLIENT INTERVIEW SHEET

DATE: \_\_\_\_\_

LAWYER: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

HOURLY RATES: \$ \_\_\_\_\_

RETAINER: \$ \_\_\_\_\_

### CLIENT INFORMATION

- (a) Driver's License: \_\_\_\_\_
- (b) Birth Certificate: \_\_\_\_\_
- (c) Passport: \_\_\_\_\_
- (d) Health Care Card: \_\_\_\_\_
- (e) Other (Specify Type): \_\_\_\_\_

CLIENT'S FULL NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(if different than above) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ CELL( or other contact): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PRESENT AGE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SURNAME AT BIRTH: \_\_\_\_\_

SURNAME BEFORE THIS MARRIAGE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

MARITAL STATUS AT TIME OF MARRIAGE: Single\_\_ Widowed\_\_ Divorced\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

HOW LONG AT THAT EMPLOYER? \_\_\_\_\_

GROSS ANNUAL INCOME: \$ \_\_\_\_\_

FREQUENCY OF PAYMENT: Bi-Weekly \_\_\_\_ Bi-Monthly: \_\_\_\_ Monthly: \_\_\_\_

TOTAL INCOME ON LAST TAX RETURN: \$ \_\_\_\_\_

NET TAXABLE INCOME ON LAST TAX RETURN: \$ \_\_\_\_\_

OCCUPATION AT MARRIAGE: \_\_\_\_\_

DO YOU HAVE A VALID WILL: \_\_\_\_\_

IF SO, WHO ARE THE BENEFICIARIES: \_\_\_\_\_

WHO IS THE EXECUTOR/EXECUTRIX: \_\_\_\_\_

DO YOU WANT TO CHANGE YOUR WILL: \_\_\_\_\_

(If your matter is against an ex-spouse and you have a new spouse, what is your current spouse's name and date of birth:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**INFORMATION ABOUT YOUR SPOUSE (OPPOSING PARTY)**

SPOUSE'S FULL NAME: \_\_\_\_\_

SPOUSE'S PRESENT ADDRESS: \_\_\_\_\_

SPOUSE'S HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_ PRESENT AGE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SURNAME AT BIRTH: \_\_\_\_\_

SURNAME BEFORE THIS MARRIAGE: \_\_\_\_\_

MARITAL STATUS AT TIME OF MARRIAGE: Single: \_\_\_ Widowed: \_\_\_ Divorced: \_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

HOW LONG AT THAT EMPLOYER? \_\_\_\_\_

GROSS ANNUAL INCOME: \$ \_\_\_\_\_

FREQUENCY OF PAYMENT: Bi-Weekly: \_\_\_ Bi-Monthly: \_\_\_ Monthly: \_\_\_

TOTAL INCOME ON LAST TAX RETURN: \$ \_\_\_\_\_

NET TAXABLE INCOME ON LAST TAX RETURN: \$ \_\_\_\_\_

SPOUSE'S OCCUPATION AT MARRIAGE: \_\_\_\_\_

**MARITAL HISTORY:**

DATE OF MARRIAGE: \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_

DO YOU HAVE A GOVERNMENT ISSUED MARRIAGE CERTIFICATE: \_\_\_\_\_

DID YOU LIVE TOGETHER PRIOR TO MARRIAGE, IF SO, WHEN DID YOU  
START LIVING TOGETHER: \_\_\_\_\_

IS THERE A PRENUPTIAL OR COHABITATION AGREEMENT: Yes: \_\_\_ No: \_\_\_

SEPARATION DATE: \_\_\_\_\_

REASONS FOR SEPARATION: \_\_\_\_\_

HAVE YOU OR YOUR SPOUSE BEEN RESIDENT IN ALBERTA FOR AT LEAST  
ONE YEAR? Yes: \_\_\_ No: \_\_\_

GROUNDS FOR DIVORCE:        \_\_\_ One year separation (no fault)  
   \_\_\_ Adultery (committed by your spouse)  
   \_\_\_ Physical or mental cruelty

DO YOU WANT SUPPORT FOR YOURSELF? Yes: \_\_\_ No: \_\_\_

AMOUNT: \$ \_\_\_\_\_

HAVE YOU COMMENCED DIVORCE PROCEEDINGS AGAINST YOUR SPOUSE  
IN THE PAST? Yes: \_\_\_ No: \_\_\_



OTHER EXPENSES FOR CHILDREN:

CHILD CARE EXPENSES: \_\_\_\_\_

MEDICAL/DENTAL INSURANCE PREMIUMS: \_\_\_\_\_

HEALTH RELATED EXPENSES THAT EXCEED INSURANCE: \_\_\_\_\_

EXTRAORDINARY EXPENSES FOR EDUCATION: \_\_\_\_\_

POST-SECONDARY EDUCATION: \_\_\_\_\_

EXTRAORDINARY EXPENSES FOR EXTRACURRICULAR ACTIVITIES. (LIST BY INDIVIDUAL ACTIVITY):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**LIFE INSURANCE**

DO YOU HAVE LIFE INSURANCE? \_\_\_\_\_

DEATH BENEFIT PAYABLE \_\_\_\_\_

IS THERE A CASH SURRENDER VALUE: \_\_\_\_\_

DOES YOUR SPOUSE HAVE LIFE INSURANCE? \_\_\_\_\_

DEATH BENEFIT PAYABLE \_\_\_\_\_

IS THERE A CASH SURRENDER VALUE: \_\_\_\_\_

<b>MATRIMONIAL HOME</b>			
ADDRESS:			
IN WHOSE NAME:			
(1) MKT VALUE	(2) 1 <sup>st</sup> MORTGAGE	(3) 2 <sup>nd</sup> MORTGAGE	EQUITY
	(BALANCE OWING)	(BALANCE OWING)	1-(2+3)
\$	\$	\$	\$

<b>OTHER REAL ESTATE</b>			
ADDRESS:			
IN WHOSE NAME:			
(1) MKT VALUE	(2) 1 <sup>st</sup> MORTGAGE	(3) 2 <sup>nd</sup> MORTGAGE	EQUITY
	(BALANCE)	(BALANCE)	1-(2+3)
\$	\$	\$	\$
ADDRESS:			
IN WHOSE NAME:			
(1) MKT VALUE	(2) 1 <sup>st</sup> MORTGAGE	(3) 2 <sup>nd</sup> MORTGAGE	EQUITY
	(BALANCE)	(BALANCE)	1-(2+3)
\$	\$	\$	\$

**VEHICLES:** (include Motor homes, Motorcycles, Snowmobiles, etc.)

Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	
Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	
Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	
Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	

**REGISTERED RETIREMENT SAVINGS PLANS:**

Current value:	\$	In who's name?		Where held?	
Current value:	\$	In who's name?		Where held?	
Current value:	\$	In who's name?		Where held?	
Current value:	\$	In who's name?		Where held?	

WHO IS BENEFICIARY OF RSP'S: \_\_\_\_\_

**BANK ACCOUNTS:**

In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	

**OTHER INVESTMENTS/SAVINGS/TERM DEPOSITS:**

In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	

**YOUR EMPLOYMENT PENSIONS:**

EMPLOYER: \_\_\_\_\_

HOW LONG HAVE YOU BEEN CONTRIBUTING: \_\_\_\_\_

**YOUR SPOUSE'S EMPLOYMENT PENSIONS:**

EMPLOYER: \_\_\_\_\_

HOW LONG HAVE THEY BEEN CONTRIBUTING: \_\_\_\_\_

**BUSINESS/CORPORATE INTEREST:**

Company or business name:	Who are shareholders/Owners and percentage owned:	Who are Officers/Directors

**OTHER ASSETS:**

Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$

**DEBTS:**

Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$
Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$
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Security:		Monthly Payment:	\$
Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$
Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$

WHAT ASSETS AND LIABILITIES DID **YOU** HAVE WHEN YOU GOT MARRIED  
 (AND/OR STARTED LIVING TOGETHER) AND WHAT WERE THEY WORTH AT  
 THE TIME: \_\_\_\_\_

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WHAT ASSETS AND LIABILITIES DID **YOUR SPOUSE** HAVE WHEN YOU GOT MARRIED (AND/OR STARTED LIVING TOGETHER) AND WHAT WERE THEY WORTH AT THE TIME:

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DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY GIFTS OR INHERITANCES FROM ANOTHER PERSON OR RECEIVE A TRUST, AWARD OR INSURANCE SETTLEMENT SINCE YOU STARTED LIVING TOGETHER.

IF SO, DESCRIBE IT, ITS' VALUE, WHEN RECEIVED AND ADVISE WHAT WAS DONE WITH THE GIFT/INHERITANCE /OTHER PAYMENT:

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DO YOU HAVE ANY REASON TO CLAIM AN UNEQUAL DIVISION OF PROPERTY ACQUIRED DURING YOUR MARRIAGE?

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HAS ANY PROPERTY BEEN SOLD OR TRANSFERRED TO ANYONE IN THE LAST YEAR?

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IF YOU WERE TO LOOK AT A YEAR FROM TODAY, WHAT HAS TO HAPPEN IN YOUR PERSONAL AND BUSINESS LIFE FOR YOU TO BE SATISFIED WITH YOUR PROGRESS.

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