

CLIENT INTAKE SHEET

Referred by: _____ **Today's Date:** _____

You

Full Name: _____ At Birth: _____

Name before Marriage: _____

D.O.B. _____ Birth place: _____

Address: _____ Postal Code: _____

Length in Ont. _____

Telephone:(H) _____ (W) _____ Cell: _____

E-mail: _____ Fax: _____

Employer _____ Since: _____

Position: _____ Income: _____

Date of Marriage: _____ Date of Separation _____

First Marriage: _____ Prior Marriage

(details) _____

Cohabited prior to Marriage _____ Place of Marriage _____

Children (full names, age, birthdate, residence, grade, school) _____

Opposing Party

Full Name: _____ At Birth: _____

Name before Marriage: _____

D.O.B. _____ Birth Place: _____

Address: _____ Postal Code: _____

Length in Ont. _____ Lawyer : _____

Telephone:(H) _____ (W) _____ Cell: _____

E-mail: _____ Fax: _____

Employer: _____ Since: _____

Position: _____ Income: _____

First Marriage: _____ Prior Marriage (details) _____