

# Weizman Law

## Client Intake (Family Law)



### CLIENT/SPOUSE 1:

Full Name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Maiden and Former Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

### OPPOSING PARTY/SPOUSE 2:

Full Name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Maiden and Former Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse's Lawyer (if known): \_\_\_\_\_

**MARRIAGE:**

Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_

Parties' Surnames at birth (if different from above): \_\_\_\_\_

Marital Status at time of Marriage - Spouse 1: \_\_\_\_\_ Spouse 2: \_\_\_\_\_

Marriage Certificate Provided: \_\_\_\_\_

**SEPARATION:**

Date of Separation: \_\_\_\_\_ Where?: \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECONCILIATION, COUNSELLING, MEDIATION:**

I am aware of the different counseling and mediation facilities available in this area, including those offered through my church and through Mental Health Services. I believe that there is no possibility of reconciliation. (strike out preceding if not applicable)

**Attempts to Reconcile:** \_\_\_\_\_ **OR None:** \_\_\_\_\_

**CHILDREN:**

Children of the Marriage:

Name:

Birthdate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Children:

Name:

Birthdate:

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS AGREEMENTS OR COURT ORDERS:**

Type?: \_\_\_\_\_

Where?: \_\_\_\_\_

When?: \_\_\_\_\_

Copy Available?: \_\_\_\_\_

**DOMICILE AND RESIDENCY:**

Residence in Alberta (dates and places for past 12 months)

SPOUSE 1: \_\_\_\_\_

SPOUSE 2: \_\_\_\_\_

**FINANCIAL INFORMATION:**

**CLIENT/SPOUSE 1:**

Occupation: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Payment Periods (How often paid): \_\_\_\_\_

Year of Last Filed Tax Return: \_\_\_\_\_ Total Income on Last Tax Return: \_\_\_\_\_

Total Taxable Income on Last Tax Return: \_\_\_\_\_

Employment History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Formal Education (include dates): \_\_\_\_\_

\_\_\_\_\_

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**SPOUSE 2:**

Occupation: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Payment Periods (How often paid): \_\_\_\_\_

Year of Last Tiled Tax Return: \_\_\_\_\_ Total Income on Last Tax Return: \_\_\_\_\_

Total Taxable Income on Last Tax Return: \_\_\_\_\_

Employment History: \_\_\_\_\_

\_\_\_\_\_

Formal Education (include dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELIEF SOUGHT**

Children's Primary Residence with whom: \_\_\_\_\_

Access Schedule (current and proposed): \_\_\_\_\_

Child Support: \_\_\_\_\_

Spousal Support: \_\_\_\_\_

House Possession (is this an issue?): \_\_\_\_\_

**OTHER INFORMATION REQUIRED**

Do you have the original marriage certificate? \_\_\_\_\_

If so, please provide. If you do not have this, you can order one at any Alberta Registry Office if you were married in Alberta.

Photograph of spouse (may not be returned): \_\_\_\_\_

Where to serve spouse (time and location): \_\_\_\_\_

Parenting After Separation certificate provided?: \_\_\_\_\_