

NEW CLIENT INFORMATION FORM



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Please fill in information, which will be kept strictly private and confidential. If the fill in form does not work with your software, please print and complete the form in pen. Once completed, please e-mail the form directly to the e-mail address provided to you.

TODAY'S DATE

Day: Month: Year:

1. YOUR INFORMATION

Surname (last name)	First Name	Middle Name
Surname at birth	First Name on date of marriage	Mother's maiden name <small>(may be required for the Family Responsibility Office)</small>

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 <small>(provide legal name of business)</small>	Do you earn cash income?	Your actual annual income
		Yes No	
Pension	Pension Details		
Yes No			

3. SPOUSE/PARTNER'S INFORMATION

Surname (last name)		First Name		Middle Name	
Surname at birth		First Name on date of marriage		Mother's maiden name <i>(may be required for the Family Responsibility Office)</i>	
Date of Birth				Place of Birth	
Day:	Month:	Year:	Age:	City:	Country:
Spouse's current home address & contact information					
Street Address		Unit/Suite	City/Town	Province	Postal Code
Is this the home you resided with your spouse/partner?				How long has your spouse resided in the Municipality in which s/he now lives?	
Yes No				Year: Month:	
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	

4. SPOUSE'S EMPLOYMENT INFORMATION

Name of Employer	Self-Employed <small>(provide legal name of business)</small>	Occupation	Does your spouse earn cash income?	Spouse's approximate annual income
			Yes No	
Pension		Pension Details		
Yes No				

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

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>
Please advise of any special communication instructions below (i.e. emergency contact)	
Date served	
Day: Month: Year:	

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

Different priorities/interest

Emotional abuse

Addiction

Unmet expectations

Physical abuse/violence

No intimacy

Lack of individual identity

Mental illness

Other (please specify)

8. YOUR RELATIONSHIP HISTORY

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 the above, when were you divorced?

Day: Month: Year:

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

City

Province

Country

Please provide similar information for your spouse:

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

Indicate the reasons that best explain why you separated (please 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	Date of Birth	
Male Female	Day: Month: Year: Age: Grade:	
Who is the child residing with?	Does the child have any special health/education needs? Yes No If so, please provide details below:	
You		
Your Spouse		
Your parents		
Other (please specify)	Please provide School Name and Grade:	

CHILD # 2

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

CHILD # 3

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

CHILD # 4

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

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
In whose name is the title matrimonial home registered? You Your Spouse Both you and your spouse Other (please 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?

Do you have your original marriage certificate in your possession?

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: