

Client Intake Form

	Your Informat	tion	Your Former S Information	Spouse's
Current Full Name				
Surname At Birth				
Surname Used Just Before Marriage				
Date Of Birth				
Place Of Birth (City/Province/Country)				
Address Street				
Address City				
Address Province				
Address Postal Code				
Phone Number				
Email Address				
Current Occupation				
Estimated income for this year				
Previous Lawyer / Current Lawyer				
Have Lived in Alberta for Last Year?	🗆 Yes	🗆 No	🗆 Yes	🗆 No

Children

Simarch	
Children's Full Name	Date of Birth

Dates:	
Date you began living together	
Date of Marriage	
Date the relationship was over	
Date when physically separated (one party moved out)	
Your marital status just before you were married. I was:	□ Single □ Divorced
	□ Widowed
Is there a possibility of reconciliation?	🗆 Yes 🛛 No
Is there a history of Family Violence?	□ Yes □ No
Check box(s) if there is a: Emergency Protection Order	🗌 Mutual Restraining Order
Peace Bond	
Check box(s) if you have prior agreements with the other party.	Cohabitation Agreement
□ Pre-Nuptial Agreement □ Verbal Agreement □ Separation Agreement	
□ Minutes of settlement	

If you are married, please sign the following regardless if you have children or not, as it is likely the court will require it. The court has not yet removed the requirement for this release if there are no children.

Statement

I certify to the Court that I am aware of the following duties imposed on me by sections 7.1 to 7.5 of the *Divorce Act* (Canada):

- 1. I will exercise any parenting time, decision-making responsibilities or contact with the child(ren) of the marriage in a manner consistent with the best interests of the child(ren).
- 2. I will protect the child(ren) of the marriage from conflict arising from these legal proceedings to the best of my ability.
- 3. I will try to resolve the matters that may be the subject of an order under the Act through a family dispute resolution process, to the extent that it is appropriate to do so.
- 4. I will provide complete, accurate and up-to-date information if required to do so under the Act.

If I am subject to an order made under the Act, I will comply with the order until it is no longer in effect.

Date:	
Signature	

If you or your former partner had/have a defined benefit pension plan we will likely be asking the pension administrator for information. This is an information release and authorization for the administrator to perform valuation calculations. If you are not sure if this applies, you can sign the release and if it is not needed, we will not use it.

Pension Information Release

I authorize my lawyer to request any/all information regarding the pension, including recent pension statements and calculations of total entitlement. Such information is to be provided to my lawyer at the address listed on their letterhead.

Additionally, I provide authorization for you to send the information to the other parties' lawyer.

Name

Signature