

SECTION 1 CONTACT AND EMPLOYMENT INFORMATION

1(a) CLIENT'S INFORMATION			
Full Legal Name		Maiden Name (If Applicable)	
Other Names You May Go By		Surname Before Marriage	Gender at Time of Marriage
Current Address		Primary Phone	
Email Address	Date of Birth		Place of Birth
Matrimonial Status at Time of Marriage <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		Have you resided in Alberta for at least 1 year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Occupation	Employer		Length of employment
Employer's Address		Gross Annual Income	
Please list all other sources of current income (i.e. secondary employment, rent, etc.)			
Source	Annual Gross Income	Source	Annual Gross Income
1(b) SPOUSE'S INFORMATION			
Full Legal Name		Maiden Name (If Applicable)	
Other Names They May Go By		Surname Before Marriage	Gender at Time of Marriage
Current Address		Primary Phone	
Email Address	Date of Birth		Place of Birth
Matrimonial Status at Time of Marriage <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		Have you resided in Alberta for at least 1 year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Occupation	Employer		Length of employment
Employer's Address		Gross Annual Income	
Please list all other sources of current income (i.e. secondary employment, rent, etc.)			
Source	Annual Gross Income	Source	Annual Gross Income

SECTION 2 RELATIONSHIP HISTORY

2 MARITAL / RELATIONSHIP HISTORY			
Date of Marriage	Place of Marriage	Date of Cohabitation	Date of Separation
Is there a Cohabitation or Prenuptial Agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are there previous divorce proceedings with your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please provide any and all: Agreements and/or Pleadings and/or Court Orders associated with your proceedings, along with any pertinent/applicable documentation from any Court proceedings or previous legal counsel.			
Are there any Court dates pending? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what is the date? Which Court is the date set? <input type="checkbox"/> Court of Queen's Bench <input type="checkbox"/> Provincial Family Court			
Is your spouse represented by a lawyer? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what is the name of your spouse's lawyer?			
Do you have any desire to reconcile with your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO		Would you like info about mediation and counselling? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If efforts have been made to reconcile with your spouse, what efforts were made and when were these efforts made?			
If you are filing for divorce we will require the following documents from you: <input type="checkbox"/> Original Government Issued Marriage Certificate <input type="checkbox"/> Marriage Certificate issued by the Church or Civil Office that performed my out-of-country ceremony <input type="checkbox"/> Current picture of my spouse			

SECTION 3 SPOUSAL SUPPORT

3 SPOUSAL SUPPORT		
Were you employed prior to marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Occupation	Approx. Annual Income
Was your spouse employed prior to marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Occupation	Approx. Annual Income
Did you take time off work after your children were born (if applicable)? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, how long?
Have you been a stay-at-home parent for any length of time? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, how long?
What is your educational background? <input type="checkbox"/> High School Diploma <input type="checkbox"/> Last Grade Completed _____ <input type="checkbox"/> Post-Secondary Institution and Highest Degree Obtained: <input type="checkbox"/> Other Courses/Training:		

SECTION 4 CHILDREN

4 CHILDREN		
Full Legal Name	Date of Birth	From Current of Previous Relationship?
Full Legal Name	Date of Birth	From Current of Previous Relationship?
Full Legal Name	Date of Birth	From Current of Previous Relationship?
Full Legal Name	Date of Birth	From Current of Previous Relationship?
Full Legal Name	Date of Birth	From Current of Previous Relationship?
At this time, who has full time care of the children? <input type="checkbox"/> I have full-time care of the children <input type="checkbox"/> Both my spouse and myself (shared) <input type="checkbox"/> My Spouse has full time care of the children <input type="checkbox"/> Other _____		
<input type="checkbox"/> My children have special needs. <input type="checkbox"/> My children have medical/dental expenses that exceed your insurance coverage. <input type="checkbox"/> My children attend daycare/babysitting/childcare facilities. <input type="checkbox"/> My children have extra-ordinary school or educational costs. <input type="checkbox"/> I am currently paying for medical and/or dental insurance. <input type="checkbox"/> My children are involved in extra-curricular activities such as sports teams or lessons.		
If you have selected any of the above, please provide details for these expenses:		

SECTION 5 MATRIMONIAL PROPERTY

5 MATRIMONIAL PROPERTY			
Principal Residence			
Address	Market Value	Mortgage Owning	
Other Land			
Address	Market Value	Mortgage Owning	
Bank Accounts and Investment Accounts (Chequing, Savings, RRSP, TFSA, Investment Accounts, etc.)			
Institution Name	Account Type and Description	Account Number	Value
Institution Name	Account Type and Description	Account Number	Value
Institution Name	Account Type and Description	Account Number	Value
Institution Name	Account Type and Description	Account Number	Value
Vehicles			
Vehicle Description	Primary Operator	Current Value	Amount Owning
Vehicle Description	Primary Operator	Current Value	Amount Owning

SECTION 6 PROPERTY EXEMPTIONS

6 PROPERTY EXEMPTIONS	
Have you acquired any property as a gift from a third party? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	Have you acquired any property from an inheritance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
Do you have any property owned prior to the marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	Have you received any awards / settlements for damages? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
Have you received any proceeds from an insurance policy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	

SECTION 7 FINANCIAL DISCLOSURE

7 FINANCIAL DISCLOSURE	
Both parties will be required to provide financial disclosure to the opposing party. As it takes some time to collect and organize disclosure, we would ask that you start collecting and organizing your disclosure for us immediately.	
<ul style="list-style-type: none"> <input type="checkbox"/> Tax return for last three taxation years <input type="checkbox"/> Notices of (re)assessments for last three taxation years <input type="checkbox"/> If you are an employee: <ul style="list-style-type: none"> <input type="checkbox"/> Three most recent statements of earnings or letter from employer showing annual salary <input type="checkbox"/> Statements of income for any other source of income for the current year (EI, Social Assistance, Pension, Worker's Compensation, Disability, Dividends) <input type="checkbox"/> If you are a student: <ul style="list-style-type: none"> <input type="checkbox"/> Statements showing all student funding for the current academic year, including loans, grants, bursaries, scholarships, and living allowances <input type="checkbox"/> If you are self-employed: <ul style="list-style-type: none"> <input type="checkbox"/> Copies of every payment made to you during the last 6 weeks from any business or corporation that you have an interest or to which you have rendered a service <input type="checkbox"/> Financial statements of your business for the last three taxation years <input type="checkbox"/> Statements showing all salaries, wages, management fees or other payments made to yourself, or to other persons or corporations that you do not deal at arm's length for the last three taxation years <input type="checkbox"/> If you are in a partnership: <ul style="list-style-type: none"> <input type="checkbox"/> Confirmation of your income, your draws from, and capital in, the partnership for the last three taxation years <input type="checkbox"/> For each credit card account held, either solely or jointly, statements for the last six months 	<ul style="list-style-type: none"> <input type="checkbox"/> If you have 1% or more interest in a privately held corporation: <ul style="list-style-type: none"> <input type="checkbox"/> Financial statements of the corporation and all subsidiaries for the last three taxation years <input type="checkbox"/> Statements showing all salaries, wages, management fees or other payments made to yourself, or to other persons or corporations that you do not deal at arm's length for the last three taxation years <input type="checkbox"/> If you are a beneficiary under a trust: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the trust settlement agreement <input type="checkbox"/> Three most recent financial statements for the trust <input type="checkbox"/> Bank Statements and cancelled cheques from the last six months for each account held, either solely or jointly: <ul style="list-style-type: none"> <input type="checkbox"/> If you are making a claim for child support: <ul style="list-style-type: none"> <input type="checkbox"/> List of any special or extraordinary expenses claimed per child and receipts or statements showing these amounts. (Medical/dental insurance premiums, health expenses, extraordinary school expenses, post-secondary expenses, extracurricular expenses) <input type="checkbox"/> If you are claiming spousal support: <ul style="list-style-type: none"> <input type="checkbox"/> A detailed monthly budget of expenses <input type="checkbox"/> Income, Assets and Liabilities Declaration. We will provide you with this declaration, if required <input type="checkbox"/> List of all investment accounts held either solely or jointly together with the most recent statement for each account