

NEW CLIENT INTAKE FORM



INITIAL QUESTIONS										
Have you visited other family lawyers already?										
What do you need assistance with? (circle all that apply)	Adoption	Child Custody	Child Access	Child Support	Spousal Support	Divorce	Marriage Contracts	General Law	Matrimonial Law	Property Division
	High Asset Divorce	Separation Agreements	Mediation	Arbitration	Wills	Estates	Other			
Today's Date	Month		Day		Year					
What are your biggest concerns right now?										

YOUR VITAL STATISTICS			
Legal Name (last)			
Legal Name (first)			Legal Name (middle)
Surname at Birth			
Date of Birth	Month	Day	Year
Name Prior to Marriage			
Were you divorced before?			

REFERRAL INFO	
How did you find out about us? (Google/Referral/Advertisement)	
Who referred you to us? (if anyone)	

YOUR CURRENT HOME ADDRESS & CONTACT INFO					
Street Address				City/Town	
Province				Postal	
Home Phone	Area Code	Number		Cell No.	Area Code Number
Work Phone	Area Code	Number		FAX No.	Area Code Number
Email address				Is this the matrimonial	YES NO

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YOUR CURRENT MAILING ADDRESS (if different than above)

Mailing Address		City/Town	
Province		Postal	
PO Box		RR # / Other	

YOUR CURRENT OR PAST LEGAL ISSUES

Are there any court proceedings in progress now for/against you?	
Have you had any prior court proceedings for any reason? And if so, what were they for?	
Have any written agreements been made, such as marriage contracts, separation agreements, wills, etc.?	
If there are children , are there any special needs or health concerns we should be aware of for any of them?	
Is there anything else we should know that may impact your case?	
Additional questions or notes for us to take into account	

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SPOUSE/PARTNER'S VITAL STATISTICS

Legal Name (last)					
Legal Name (first)			Legal Name (middle)		
Surname at Birth					
Date of Birth	Month		Day		Year
Name Prior to Marriage			Were they divorced before?		

SPOUSE/PARTNER'S HOME ADDRESS & CONTACT INFO

Street Address			City/Town		
Province			Postal		
Home Phone	Area Code	Number	Cell No.	Area Code	Number
Work Phone	Area Code	Number	FAX No.	Area Code	Number
Email address					

SPOUSE/PARTNER'S MAILING ADDRESS (if different than above)

Mailing Address			City/Town		
Province			Postal		
PO Box			RR # / Other		

YOUR RELATIONSHIP HISTORY

Date of Marriage	Month		Day		Year	
Date You Started Living Together	Month		Day		Year	
Place of Marriage				Marriage Certificate	ORIGINAL PHOTOCOPY	
Date of Separation	Month		Day		Year	
Other Notes						

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MARRIAGE/COHABITATION INFORMATION				
Date of Marriage	Month	Day	Year	
Date You Started Living Together	Month	Day	Year	
Place of Marriage				
Marriage Certificate	ORIGINAL	PHOTOCOPY		
Date of Separation	Month	Day	Year	
Reasons for Separation				
Any other information you feel is useful to us				

CHILD #1 : INFORMATION				
Legal Name (last)				
Legal Name (first)			Legal Name (middle)	
Child Is Now Living With			Adopted?	
Date of Birth	Month	Day	Year	Place of Birth
Grade Level	Current School			
Any special concerns/issues?				

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CHILD #2 : INFORMATION				
Legal Name (last)				
Legal Name (first)		Legal Name (middle)		
Child Is Now Living With		Adopted?		
Date of Birth	Month	Day	Year	Place of Birth
Grade Level		Current School		
Any special concerns/issues?				

CHILD #3 : INFORMATION				
Legal Name (last)				
Legal Name (first)		Legal Name (middle)		
Child Is Now Living With		Adopted?		
Date of Birth	Month	Day	Year	Place of Birth
Grade Level		Current School		
Any special concerns/issues?				

CHILD #4 : INFORMATION				
Legal Name (last)				
Legal Name (first)		Legal Name (middle)		
Child Is Now Living With		Adopted?		
Date of Birth	Month	Day	Year	Place of Birth
Grade Level		Current School		
Any special concerns/issues?				

