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Intake Form: Family Law – Separation and/or Divorce

| Information Needed | Answer | Date: |
|--|---|--------------|
| Who referred you to our office? | | |
| Full Name | | |
| Maiden Name | | |
| Telephone Numbers | Work: _____ Home: _____ Cell: _____ | |
| Email | | |
| Address | | |
| Preferred Language | | |
| Occupation | | |
| Annual Income | | |
| Work Address | | |
| Date of Birth | | |
| Place of Birth | | |
| Living in Ontario since? | | |
| Date stated living together | | |
| Date of Marriage | | |
| Date of Separation | | |

| | |
|--|--|
| Place of Marriage | |
| Spouse's Full Name | |
| Spouse's Maiden Name | |
| Telephone Numbers | Work: _____ Home: _____ Cell: _____ |
| Email | |
| Address | |
| Occupation | |
| Annual Income | |
| Work Address | |
| Date of Birth | |
| Place of Birth | |
| Living in Ontario since? | |
| Marital status of Wife at time of marriage | Never married Divorced Widow Date of previous Divorce: Place of previous Divorce: Do you have a copy of the Certificate of Divorce or the Decree Absolute? Yes / No |
| Marital status of Husband at time of marriage | Never married Divorced Widow Date of previous Divorce: Place of previous Divorce: Do you have a copy of the Certificate of Divorce or the Decree Absolute? Yes / No |
| Does your spouse have a lawyer? | Yes No |

| | |
|------------------------------------|---|
| Lawyers Contact information | Name: _____ Address: _____ _____ Phone number: _____ |
|------------------------------------|---|

CHILDREN:

| Full name | Age | Date of Birth | Now living with | Grade & School |
|-----------|-----|---------------|-----------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------|--|
| Marriage Counselling | Have you had marriage counselling? If yes, with whom? Do you think counselling would be helpful? |
|-----------------------------|--|

| | |
|----------------------------|---|
| Existing Agreements | Have you signed a marriage contract, cohabitation agreement or other document dealing with rights between you and your spouse? Yes No |
| | Have you and your spouse any agreements in place (in writing or otherwise) regarding your respective rights on separation? Yes No |

| | |
|-------------------|---|
| Litigation | Have there been any court proceedings between you and your spouse? Yes No |
|-------------------|---|

| | |
|------------------------------------|----------------------------|
| Address of Matrimonial Home | |
| In who's name is title? | Approximate value today? |
| Mortgages total: | Who is living there today? |

OTHER MAJOR ASSETS

| Description | Owned by Husband/Wife | Approximate Value |
|--------------|-----------------------|-------------------|
| Car | | |
| Car | | |
| Bank Account | | |
| Bank Account | | |
| RRSPs | | |
| RRSPs | | |
| Other Asset | | |
| Other Asset | | |

DEBTS

| Description | Owned by Husband/Wife | Approximate Value |
|----------------|-----------------------|-------------------|
| Mortgage | | |
| Visa | | |
| Visa | | |
| Car | | |
| Car | | |
| Line of Credit | | |
| Master Card | | |
| Personal Loans | | |
| Student Loans | | |
| Other Debts | | |
| Other Debts | | |

Did you or your spouse have any assets (including money) at the date of marriage?

Yes

No

Have you or your spouse received any of the following during your marriage:

| | | |
|--|-----|----|
| an inheritance?..... | Yes | No |
| money from a personal injury claim?..... | Yes | No |
| a substantial gift from someone other than your spouse?..... | Yes | No |
| money from a life insurance policy?..... | Yes | No |

Family Violence First Screening Tool

1. Have you ever felt afraid of your partner because of something they have said or done to you or to someone else? (If yes, can you give an example?)
2. Has your partner ever been physically aggressive with you? For example, have they choked, hit, kicked, punched or slapped you?
3. Has your partner ever threatened you or someone else in any way (for example, to hurt or kill you, to harm the children or take them away from you, to hurt other people you care about, to hurt or kill themselves, to hurt or kill pets or animals)? (If yes, can you give an example?)
4. Has your partner ever pressured you to have sex or had sex with you when you have said you don't want to? (If yes, can you give an example?)
5. Does your partner control how much money you have, tell you what you can spend money on or make all the decisions about money for your family?
6. Has your partner ever said or done anything to make you feel bad about yourself? For example, have they called you stupid, lazy, ugly or insulted you in other ways?

Are you active on social media? (Facebook, twitter, etc.) If yes, please advise what social media you use

GENERAL: State what you hope your lawyer can achieve for you:

We will discuss the following issues with you during your meeting:

- Severing Joint Tenancy on your Home
- Changing Beneficiary Designations on RRSPs
- Changing Beneficiary on Life Insurance Policies
- Changing Beneficiaries/Benefits at Work
- Reducing the limit on your Joint Lines of Credit or Cancelling Joint Lines of Credit
- Reducing or Cancelling Joint Credit Cards and applying for sole credit cards
- Re-doing your Will and Powers of Attorney
- Notifying Revenue Canada that you are separated (Form RC65 E (15))

LIMITATION PERIODS

Next Limitation Date _____ Final Date a Claim may be filed: _____

Picture Identification Needed if Retained

