



Deborah L. Barron

B a r r i s t e r & S o l i c i t o r

FAMILY INTERVIEW FORM FAMILY LAW MATTERS

DATE: _____

LAWYER: _____

REFERRED BY: _____

A. CLIENT INFORMATION

CLIENT'S FULL NAME: _____

PRESENT ADDRESS: _____

MAILING ADDRESS: _____

(if different) _____

HOME PHONE: _____ WORK PHONE: _____ FAX: _____

EMAIL: _____

CELL: _____ OTHER CONTACT PHONES: _____

DATE OF BIRTH: _____ PRESENT AGE: _____

PLACE OF BIRTH: _____

MAIDEN NAME: _____

SURNAME BEFORE THIS MARRIAGE: _____

MARITAL STATUS AT TIME OF MARRIAGE:

Single: _____ Widowed: _____ Divorced: _____

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS:

HOW LONG AT THAT EMPLOYER? _____

GROSS ANNUAL INCOME: \$ _____

FREQUENCY OF PAYMENT: Bi-weekly: _____ Bi-monthly: _____ Monthly: _____

TOTAL INCOME ON LAST TAX RETURN: \$ _____

NET TAXABLE INCOME ON LAST TAX RETURN: \$ _____

OCCUPATION AT MARRIAGE: _____

B. INFORMATION ABOUT YOUR SPOUSE

SPOUSE'S FULL NAME: _____

SPOUSE'S PRESENT ADDRESS: _____

SPOUSE'S HOME PHONE: _____ WORK PHONE: _____ FAX: _____

SPOUSE'S DATE OF BIRTH: _____ PRESENT AGE: _____

PLACE OF BIRTH: _____

MAIDEN NAME: _____

SURNAME BEFORE THIS MARRIAGE: _____

MARITAL STATUS AT TIME OF MARRIAGE:

Single: _____ Widowed: _____ Divorced: _____

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS:

HOW LONG AT THAT EMPLOYER? _____

GROSS ANNUAL INCOME: \$ _____

FREQUENCY OF PAYMENT: Bi-weekly: _____ Bi-monthly: _____ Monthly: _____

TOTAL INCOME ON LAST TAX RETURN: \$ _____

NET TAXABLE INCOME ON LAST TAX RETURN: \$ _____

SPOUSE'S OCCUPATION AT MARRIAGE: _____

C. MARITAL HISTORY

DATE OF COHABITATION: _____

DATE OF MARRIAGE: _____

DO YOU HAVE A GOVERNMENT-ISSUED MARRIAGE CERTIFICATE? _____

PLACE OF MARRIAGE: (*City, Province, Country*) _____

SEPARATION DATE: _____

REASONS FOR SEPARATION: _____

HAVE YOU OR YOUR SPOUSE BEEN RESIDENT IN ALBERTA FOR AT LEAST ONE YEAR?

Yes: _____ No: _____

GROUNDS FOR DIVORCE: _____ One year separation (no fault)
_____ Adultery (committed by your spouse)
_____ Physical or mental cruelty

DO YOU WANT SUPPORT FOR YOURSELF?

Yes: _____ No: _____

AMOUNT: \$ _____

HAVE YOU COMMENCED DIVORCE PROCEEDINGS AGAINST YOUR SPOUSE IN THE PAST? Yes: _____ No: _____

IF YES, IN WHICH PROVINCE? _____

WHAT WAS DONE ABOUT THE ACTION? _____

DID EITHER SPOUSE TAKE TIME OFF WORK DURING THE MARRIAGE?

Yes: _____ No: _____

IF YES, EXPLAIN: _____

DO YOU HAVE ANY DESIRE TO BECOME RECONCILED WITH YOUR SPOUSE?

Yes: _____ No: _____

IF NOT, WHY? _____

HAVE ANY EFFORTS TO RECONCILE BEEN MADE SINCE SEPARATION?

Yes: _____ No: _____

IF YES, EXPLAIN: _____

DO YOU KNOW THAT MARRIAGE COUNSELLING, GUIDANCE FACILITIES AND MEDIATION SERVICES ARE AVAILABLE TO YOU? Yes: _____ No: _____

D. CHILDREN'S ISSUES

FULL NAME: _____ BIRTH DATE: _____ PRESENT AGE: _____

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS: Yes: _____ No: _____

IF YES, EXPLAIN: _____

PROPOSAL FOR CUSTODY OF CHILDREN (*Joint, Sole, Shared Parenting, etc.*):

PROPOSAL FOR ACCESS TO CHILDREN BY NON-CUSTODIAL PARENT:

PROPOSAL FOR CHILD SUPPORT:

TOPICS TO DISCUSS:

CHILD CARE EXPENSES: _____

MEDICAL/DENTAL INSURANCE PREMIUMS: _____

HEALTH RELATED EXPENSES THAT EXCEED INSURANCE: _____

EXTRAORDINARY EXPENSES FOR EDUCATION: _____

POST-SECONDARY EDUCATION: _____

EXTRAORDINARY EXPENSES FOR EXTRACURRICULAR ACTIVITIES: _____

REASONABLENESS OF THE EXPENSE: _____

ANY OTHER CONTRIBUTIONS AVAILABLE? _____

ANY CLAIMS FOR UNDUE HARDSHIP? _____

E. MATRIMONIAL PROPERTY

MATRIMONIAL HOME:

(1) MKT VALUE	(2) 1st MORTGAGE (Balance)	(3) 2nd MORTGAGE (Balance)	EQUITY (1-(2+3))
_____	_____	_____	_____

OTHER REAL ESTATE:

(1) MKT VALUE	(2) 1st MORTGAGE (Balance)	(3) 2nd MORTGAGE (Balance)	EQUITY (1-(2+3))
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VEHICLES:

Year: _____ Make/Model: _____ Value: \$ _____ Debts: \$ _____

Who drives it? _____

Year: _____ Make/Model: _____ Value: \$ _____ Debts: \$ _____

Who drives it? _____

Year: _____ Make/Model: _____ Value: \$ _____ Debts: \$ _____

Who drives it? _____

REGISTERED RETIREMENT SAVINGS PLANS:

Current Value: \$ _____ In who's name? _____ Where held? _____

Current Value: \$ _____ In who's name? _____ Where held? _____

Current Value: \$ _____ In who's name? _____ Where held? _____

Current Value: \$ _____ In who's name? _____ Where held? _____

OTHER INVESTMENTS/SAVINGS/TERM DEPOSITS/BANK ACCOUNTS:

In who's name? _____ Value: \$ _____ Where held? _____

In who's name? _____ Value: \$ _____ Where held? _____

In who's name? _____ Value: \$ _____ Where held? _____

YOUR EMPLOYMENT PENSIONS:

EMPLOYER: _____

YEARS OF CONTRIBUTION DURING MARRIAGE: _____

YOUR SPOUSE'S EMPLOYMENT PENSIONS:

EMPLOYER: _____

YEARS OF CONTRIBUTION DURING MARRIAGE: _____

BUSINESSES/CORPORATE INTERESTS:

NAME OF COMPANY OR BUSINESS: _____

NUMBER OF SHARES: _____

VALUE OF SHARES: \$ _____

REGISTERED OFFICE: _____

WHO ARE THE OFFICERS AND DIRECTORS?

OTHER ASSETS:

DESCRIPTION: _____ OWNED BY: _____ VALUE: \$ _____

DESCRIPTION: _____ OWNED BY: _____ VALUE: \$ _____

DESCRIPTION: _____ OWNED BY: _____ VALUE: \$ _____

DESCRIPTION: _____ OWNED BY: _____ VALUE: \$ _____

DEBTS:

CREDITOR: _____ BALANCE OWING: \$ _____
SECURITY: _____ MONTHLY PAYMENT: \$ _____
CREDITOR: _____ BALANCE OWING: \$ _____
SECURITY: _____ MONTHLY PAYMENT: \$ _____
CREDITOR: _____ BALANCE OWING: \$ _____
SECURITY: _____ MONTHLY PAYMENT: \$ _____
CREDITOR: _____ BALANCE OWING: \$ _____
SECURITY: _____ MONTHLY PAYMENT: \$ _____

EXEMPTIONS: (ie: inheritances, value of assets owned at marriage, proceeds of insurance policies, etc.)

HUSBAND: _____ TRACED TO: _____

WIFE: _____ TRACED TO: _____

DO YOU HAVE ANY REASON TO CLAIM AN UNEQUAL DIVISION OF PROPERTY ACQUIRED DURING YOUR MARRIAGE?

HAS ANY PROPERTY BEEN SOLD OR TRANSFERRED TO ANYONE IN THE LAST YEAR?

