



REDMONDLAW

The Village at Park Royal
203-815 Main Street
West Vancouver, B.C.
Canada V7T 2Z3

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DATE: _____

**CLIENT INFORMATION INTAKE FORM –
COHABITATION OR MARRIAGE AGREEMENT**
(to be completed by either one or both parties)

Your Personal Information:

First Name:	Middle Name:	Last Name:
Address:		
City:	Postal Code:	
Home phone:	Cell/pager:	
Email address:	Preferred Language:	
Date of Birth:	Place of Birth:	In BC since:
Were you married before? YES/NO	Details of prior marriage: date of divorce/death of spouse	
Your surname before marriage:	Your surname at birth:	
Do you wish to change your name? YES / NO	If yes, to what?	
Lawyer Name:		

Spouse/Partner's Personal Information:

First Name:	Middle Name:	Last Name:
Address:		
City:	Postal Code:	
Home Phone:	Cell/pager:	
Email Address:	Preferred Language:	
Date of Birth:	Place of Birth:	In BC since:
Was your spouse married before? YES/NO	Details of prior marriage: date of divorce/death of spouse	
Spouse's surname before marriage:	Your surname at birth:	
Lawyer Name:		

Intentions

- 1. What is your date of cohabitation? _____
- 2. What is your intended date of marriage if you intend to marry? _____

Previous Cohabitation

- 3. Were you married previously? _____ Was your spouse married previously? _____
- 4. Were you divorced previously? _____ Was your spouse married previously? _____

Children

- 5. Do you have children? _____ Does your spouse have children? _____
- 6. If yes, what are their names and ages? (please indicate if they are your spouse's children or your own and whether or not they are financially dependent upon you)

_____	_____
_____	_____
_____	_____
_____	_____

Employment

- 7. What is your occupation and your annual income?

- 8. What is your spouse's occupation and annual income?

Assets (include description and current value)

- 9. Real Property:

	<u>Date of Purchase</u>	<u>Price at Purchase</u>	<u>Value Now/BC Assessment</u>
Yours:	_____	_____	_____
	_____	_____	_____
Your Spouse's:	_____	_____	_____
	_____	_____	_____

Yours:

Your Spouse's:

10. Bank Accounts:

11. Investments:

12. Pension:

13. Life Insurance:

14. Other:

15. Any important information pertaining to the acquisition of assets?

16. Were any of the above assets purchased jointly? If yes please give details.

17. Are you and your spouse intending to purchase assets jointly?

Liabilities

Yours

Your Spouse's

18. Real Property:

19. Bank Accounts:

20. Investments:

21. Credit Cards:

22. Any information relevant to the debts, or acquisition of debts?

23. Are you intending to share debts or enter into joint debt with your spouse?

24. Do you and your spouse intend to be financially independent during the relationship?

Management of Household Expenses

25. What is your intention with respect to management of household expenses once you are married or living together?

Inheritance

26. Have you or your spouse received an inheritance, or do you expect to receive an inheritance?

27. Do either you or your spouse have life insurance and if so are you each other's beneficiaries? If yes provide details.

Intentions in Agreement in the event of Separation:

28. Do you intend to pay spousal support to each other if the relationship ends?

29. Do you intend to divide property if your relationship ends or will you remain separate as to property?

30. Will you share the increase in value of your excluded property if the relationship ends?

31. Will you each be making wills and leaving your assets and estate to your beneficiaries as you see fit?

32. Is there any other information that you think should be included in your cohabitation agreement?

33. Please attach the **most recent** copy of the following statements or documents to this questionnaire, if relevant.

- a. **BC Assessment if you own real property,**
- b. **RRSP**
- c. **Investment account**
- d. **Bank account**
- e. **Credit cards**
- f. **Line of credit**
- g. **mortgage statement**

Other relevant documents attached – please list

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Credit Card Authorization

We confirm that your signature below authorizes us to pay any outstanding balance on your account with this credit card:

VISA –or- MASTERCARD (circle one)

Cardholder's Name:

Expiry Date:

Card Number:

Signature: