

First Name:

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

Tel: (604) 925-9260 Fax: (604) 925-9261 Email: karen@redmondlaw.ca website: www.redmondlaw.ca

Last Name:

CLIENT INFORMATION INTAKE FORM – MEDIATION

(to be completed by either one or both parties)

Your Personal Information:

Middle Name:

Address:					
City:			Postal Code:		
Home phone:			Cell/pager:		
Email address:		Preferred Language:			
Date of Birth: Place of		Place of 1	Birth:	In BC since:	
Were you married before? YES/NO Details of		Details of	of prior marriage: date of divorce/death of spouse		
Your surname before marriage: Your sur		Your suri	name at birth:		
Do you wish to change your name? If yes, to YES / NO		If yes, to	what?		
Lawyer Name:					
Spot	ıse/Pa	rtner's Pe	ersonal Info	rmation:	
First 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? Details o		of prior marriage: date of divorce/death of spouse			
		name at birtl	1:		
Lawyer Name:					

Children of the Marriage/Relationship

Child#1

First Name:	Middle Name:	Last Name:
Date of Birth:	Place of Birth:	Age:
Resident of BC since:	School:	Grade:
Child resides with:		

Child #2

First Name:	Middle Name:	Last Name:	
Date of Birth:	Place of Birth:	Age:	
Resident of BC since:	School:	Grade:	
Child resides with:			

Child #3

First Name:	Middle Name:	Last Name:	
Date of Birth:	Place of Birth:	Age:	
Resident of BC since:	School:	Grade:	
Child resides with:			

Other children (from previous relationship(s))

Name of Child:	Date of Birth:	Place of Birth:	School/Grade

Children's Information

With whom have these children lived for the past 12 months?			
What are the current parenting arrangements for your children?			
What parenting arrangements do you propose if different from above?			
What are the current daycare arrangements and costs:			
Citizenship of the children:			
Do children have their own passports? YES	/ NO		
If your children are involved in activities plea	se list the activity and the monthly cost:		
Any other details or important information about your children?			
Are your children seeing a counsellor?			
Do children have any assets, trust property, bank accounts, RESP's etc? YES / NO If yes,			
please list:			
Other concerns?			

Relationship Information

Were you ever involved in any court proceeding spouse, or your children? YES / NO If yes.	g in connection with your marriage, your , please provide specifics:
Date of marriage:	
Date of cohabitation:	
Place of marriage:	
Are you still living together:	
Date of separation:	Who decided to separate?
Reason for separation:	<u></u>
Date of divorce (if applicable):	
Have you reconciled at any time?	
Is there a possibility of reconciliation with your	spouse? YES / NO
Was there any verbal agreement in connection	with separation? YES / NO
Do you have a marriage certificate? YES/NO	Is it from Vital Statistics? YES / NO
Have you ever had any concerns for your own strelationship? Have the police ever been called family?	
Has your spouse ever caused you to feel threate	ened or fearful?
Do you believe there is an immediate risk of vio	olence in your family, either to you or to your

Your Employment/Income Information

Your education or vocational training:
Present employer:
Position:
Address of employer:
Telephone:
Date of commencement:
Annual salary: Gross: Net:
Does the company you work for have a pension plan? YES / NO
Past employment (if applicable):
Income from any other source (social assistance, dividends, pension, child tax credit, maintenance, or other): YES / NO If yes, please provide specifics:
Spouse's Employment/Income Information
Spouse's Employment/Income Information Your spouse's education or vocational training:
Your spouse's education or vocational training:
Your spouse's education or vocational training: Present employer:
Your spouse's education or vocational training: Present employer: Position:
Your spouse's education or vocational training: Present employer: Position: Address of employer:
Your spouse's education or vocational training: Present employer: Position: Address of employer: Telephone:
Your spouse's education or vocational training: Present employer: Position: Address of employer: Telephone: Date of commencement:
Your spouse's education or vocational training: Present employer: Position: Address of employer: Telephone: Date of commencement: Annual salary: Gross: Net:

Family Property

Your motor vehicles:				
Make:	Model:	Year:		
Registered Owner:				
Your spouse's motor vehicles	::			
Make:	Model:	Year:		
Registered Owner:				
Bank Accounts:				
Bank and type of account:	Name(s) of Account Holders(s)	Balance:		
D				
Property:				
Real Property (Family Home):				
Address:				
Date of Purchase: Source and amount of down payment:				
Estimated market value:				
L di C	1 1 0			
Is this from an appraisal or BC	assessed value?			
Name of registered owners:				
Do you know if you are joint tenants or tenants in common?				
Mortgage holder(s):				
Current amount of mortgage owing:				
Monthly mortgage payments:				
History of Property Purchases:				
Previous property owned with your spouse:				
Previous property sold to purchase current property:				

Annual taxes:				
Do you have tenants? If yes, what is the rental income?:				
Other real property/recreational	property:			
Any other personal property wi	th value in excess of \$10,0	00:		
Life Insurance:				
Type:	Account Number:	Estimated Value:		
RRSPs:				
Type:	Account Number:	Estimated Value:		
Pension:				
Type (company, union, CPP):	Account Number:	Estimated Value:		
Type (company), amon, err).				
Investments (stocks, bonds, re	eceivables):			
Any other property owned by	either spouse:			
Property located outside Canada:				

Debts

Have retailers and financial institutions been advised of separation?: YES / NO				
Credit cards or charge accounts:				
Name of Credit Card:	Name of Account Holder:		Outstanding Balance:	
Other loans (other than mo	rtgage): Please	e provide name	e of lender, dates, amounts	
Loan Holder:		Outstanding Balance:		
	Excluded	l Property		
Did you own property before				
If yes, please list all property				
including real property, inher	itances, RRSP's	s bank accounts	s etc and the value if known	
Did your spouse own property before cohabitation or marriage? YES / NO				
If yes, please list all property that you owned prior to cohabitation or marriage				
including real property, inheritances, RRSP's bank accounts etc.				

Inheritance

Have you or your spouse received any inheritance during the relationship? YES / NO If	
yes, please list all inheritances received during the relationship.	
yes, please list all filleritances received during the relationship.	
Other Presendings	
Other Proceedings	
Were you ever involved in any court proceeding in connection with your marriage, your	
spouse, or your children? YES / NO	
If yes, please provide details, including the name of your previous lawyer, list of court	
documents filed and/or copies of any court documents you may have.	
Are you or your spouse/partner enrolled with the Family Maintenance Enforcement Program?	
YES / NO If yes, please provide the FMEP Case Number:	
Additional Information	
Additional information	
Please provide any additional information which you think relates to your case:	
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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: