

INITIAL CONSULTATION – THE DIVORCE CENTRE

Today's date: _____ Prefer to be called: " _____ "

Name: _____ Date of Birth: _____
First Middle Last

Address: _____
Street City Province Postal Code

Home Phone No: _____ Cell Phone No.: _____

Work Phone No: _____ E-Mail: _____

Employer: _____ Address: _____

Your Gross Annual Income: _____ Job Description: _____

Did you live together prior to, or instead of marriage: NO / YES Starting When: _____

Date of Marriage: _____ Date of Separation: _____

Children:	Name	Date of Birth	Age	Grade	Resides With
	_____	_____	_____	_____	Mom/Dad
	_____	_____	_____	_____	Mom/Dad
	_____	_____	_____	_____	Mom/Dad

Are any of the above children from a previous relationship? YES / NO conflict search _____

Other Party's Full Name (ex wife/husband): _____ Preferred Name: " _____ "

His/Her Date of Birth _____ Address: _____
Street City Postal Code

Employer: _____ Gross Annual Income: _____

Lawyer: _____
Name Address Telephone Fax

Have court proceedings been started? YES / NO Next Court Date: _____

Are there any existing Court Orders? YES / NO Do you wish a divorce? YES / NO

Are there any signed Prenuptial or Separation Agreements? YES / NO

How did you learn about this office? Please Circle One:

- | | | |
|--------------------------------|---------------------------------|----------------------------|
| a. Referral from former client | b. Referral from another lawyer | c. Lawyer Referral Service |
| d. EAP or LawPhone | e. Bell Yellow Page Ad | f. Other Phone Book Ad |
| g. Referral from _____ | h. Sign | i. Walking By |
| i. Other _____ | | |