

FAMILY LAW INFORMATION SHEET

DATE- _____

CLIENT

Name- _____

Mailing Address- _____

Street Address- _____

Cell Phone- _____

Work Phone- _____

Home Phone- _____

Email Address- _____

Employer- _____

Occupation and Start Date- _____

Monthly Earnings- _____

Child Tax Benefits- _____

SIN- _____

Birth Date- _____

Birth Place- _____

Resided in BC since- _____

Are you Bankrupt- _____

Are you Suffering from a Mental Disability- _____

OPPOSING PARTY

Name- _____

Mailing Address- _____

Street Address- _____

Cell Phone- _____

Work Phone- _____

Home Phone- _____

Email Address- _____

Employer- _____

Occupation and Start Date- _____

Monthly Earnings- _____

Child Tax Benefits- _____

SIN- _____

Birth Date- _____

Birth Place- _____

Resided in BC Since- _____

Is He/She bankrupt- _____

Is He/She Suffering from a Mental Disability _____

Marital Status

When did you and the opposing party begin living together? - _____

If you and the opposing party were married, **when** and **where** were you married? - _____

Marital Status at time of marriage (i.e. single, divorced, widowed)

You- _____

Opposing Party - _____

Maiden Name or Previous Married Name-

You- _____

Opposing Party- _____

Who moved from the family residence?- _____

Date and location from separation?- _____

Have you and the opposing party attempted to reconcile?- _____

CHILDREN

Legal Name of Child	Birth Date	Birth Place	Resides With	Are you and the opposing party the biological parents

Prior to Separation, who cared for the children on a day to day basis?-

Do you wish to claim for Custody- yes _____ no _____

Guardianship- yes _____ no _____

Access- yes _____ no _____

Please describe any arrangements for custody and/or access that you and the opposing party have made- _____

If either you and the opposing party have paid the other for the support of the children since the date of separation please describe these arrangements.- _____
