

VICTORIA L. SMITH, L.L.B., C. Med., Cert CFM (FMC)

INTAKE FORM

This form and its contents will not be shared with your partner or his/her counsel without your permission. Please return the completed form prior to your consultation. Please remember to bring in one piece of government issued identification to comply with the Law Society of Upper Canada client retention requirements along with your consultation payment. Thank you in advance for completing the form.

CLIENT INFORMATION

Name (in full): _____

Date of Birth: _____

S.I.N.: _____

Residence Address: _____

Mailing Address (if different from above): _____

Home Telephone Number: _____

Cell Phone Number: _____

Home E-mail Address: _____

Name and Address of Employer: _____

Employment Position / Title: _____

Work Phone Number: _____

Work Fax # _____

(Is this a confidential fax? Or should we call before faxing?): _____

Work E-mail (Is this a confidential e-mail?): _____

What is the best way to contact you? (Please select one)

Home E-mail Work E-mail Cell Phone Business Phone Home Phone

INFORMATION ABOUT YOUR PARTNER

Name (in full): _____

Date of Birth: _____

S.I.N.: _____

Residence Address: _____

Home Telephone Number: _____

Cell Phone Number: _____

Home E-mail Address: _____

Lawyer's Name and Address: _____

Lawyer's Phone # _____ Fax#: _____

Name and Address of Employer: _____

Employment Position / Title: _____

Work Phone Number: _____

Work Fax Number: _____

Work E-mail Address: _____

RELATIONSHIP INFORMATION

Date of start of cohabitation
(if applicable): _____

Date of Marriage/
Planned date: _____

Date of Separation (if applicable): _____

CHILDREN

List all children of this marriage:

Full Name	Birthdate	School	Grade	Reside With

List all children of your previous marriage, if applicable:

Full Name	Birthdate	School	Grade	Reside With

List all children of your partner's previous marriage, if applicable:

Full Name	Birthdate	School	Grade	Reside With

SEPARATION INFORMATION

1. If you are separated, what have parenting and support arrangements been since separation?

2. Have you and your partner discussed settling any matters? Please explain.

3. What matters need to be resolved?

4. Are any matters urgent? Please explain.

5. Have you and your spouse been to marriage counselling? If so, who?

6. Have you and/or your spouse obtained any counseling regarding your separation?
If so, who?

7. Have your children seen a counselor? If so, who?

DETAILS OF MARRIAGE

Place of marriage: _____

Your surname immediately before marriage: _____

Your surname at birth: _____

Your partner's surname immediately before marriage: _____

Your partner's surname at birth: _____

Your marital status at time of marriage
(never married, divorced or widowed): _____

Your partner's marital status at time of marriage
(never married, divorced or widowed): _____

Your birthplace: _____

Your partner's birthplace: _____

How long have you resided in the
Municipality in which you now live? _____

How long has your partner resided in the
Municipality in which h/she now lives? _____

Who referred you to us? _____

Date: _____

LSUC BY-LAW 7.1 REQUIREMENTS
(To be completed on day of consultation)

CLIENT NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

CLIENT'S OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

IDENTIFICATION METHOD: _____

IDENTIFICATION NUMBER: _____

PERSON WHO VERIFIED THE INFORMATION: _____

LAWYER OVERSEEING: _____

DATE VERIFIED: _____

COPY OF ID ATTACHED **Check if complete.**