

# INTERVIEW SHEET

Thank you for taking the time to complete this form. While this form is not exhaustive it allows us to understand your situation and be better prepared for when we meet with you. Certain parts of this form will not apply to you or your situation. This form will also be informative for you, as it deals with matters that you may not have thought about yet. We look forward to meeting with you.

## 1. CLIENT

Name: \_\_\_\_\_

(full legal name)

Maiden or Former Name (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ (city/province)

Phone: \_\_\_\_\_ (hm) \_\_\_\_\_ (wk)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Salary (annual): \$ \_\_\_\_\_

Are you a resident of Alberta? Yes \_\_\_\_ No \_\_\_\_

**2. MARRIED?** Yes \_\_\_\_ No \_\_\_\_

How many years married? \_\_\_\_\_ years

If NOT married, common law? Yes \_\_\_\_ No \_\_\_\_

How many years common law? \_\_\_\_\_

Date you began living together: \_\_\_\_\_

IF MARRIED, date married: \_\_\_\_\_

Where were you married? \_\_\_\_\_(town & province)

Were you single or divorced prior to the marriage? \_\_\_\_\_

Was your spouse single or divorced prior to the marriage? \_\_\_\_\_

NAME OF SPOUSE OR COMMON-LAW: \_\_\_\_\_

Age of Spouse: \_\_\_\_\_ Date of Birth of Spouse. \_\_\_\_\_

Place of Birth: \_\_\_\_\_(city/province)

Address of Spouse: \_\_\_\_\_

Phone number(s) for Spouse: \_\_\_\_\_(hm) \_\_\_\_\_(wk)

Place of Employment of Spouse: \_\_\_\_\_

Salary of Spouse (if known): \_\_\_\_\_

Do you have a picture of your Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

(Picture is required by the Courts if filing for Divorce)

Do you have a government issued marriage certificate: Yes \_\_\_ No \_\_\_

(Required for final divorce documents) (If not, one can be ordered?)

#### CURRENT SEPARATION

Are you currently separated? Yes \_\_\_ No \_\_\_

What date did you separate on? \_\_\_\_\_

Reasons for separation? \_\_\_\_\_

(If you are wishing a restraining order due to violence during the marriage please complete #7)

#### PREVIOUS SEPARATIONS AND/OR OTHER PROCEEDINGS

Have you previously separated from your spouse? Yes \_\_\_ No \_\_\_

If yes, when and for how long? \_\_\_\_\_

Have you filed for divorce before and then reconciled? Yes \_\_\_\_ No \_\_\_\_

Do you have any written agreements or court orders in place at this time?

Yes \_\_\_\_ No \_\_\_\_

If yes, do you have copies? Yes \_\_\_\_ No \_\_\_\_

If yes, please bring copies of any documents with you.

CHILD/REN (if any)

Names:

Birthdates:

(full legal names)

_____	_____
_____	_____
_____	_____

Do any of your children have special needs? Yes \_\_\_\_ No \_\_\_\_

If yes, what? \_\_\_\_\_

Are you the biological parent of the above children: Yes \_\_\_\_ No \_\_\_\_

Is your spouse the biological parent: Yes \_\_\_\_ No \_\_\_\_

If no, do you wish the non-biological parent to be found in "loco parentis" of your child/ren:

Yes \_\_\_\_ No \_\_\_\_

(Loco Parentis means that the non-biological parent has been a "parent" to the child - if the non-biological parent wishes to dispute this then a court application can be made and the Court will determine this issue)

If no, do you receive child support from the biological parent?

Yes \_\_\_\_ No \_\_\_\_

If yes, how much do you receive per month? \$ \_\_\_\_\_

Is the paying parent current in his/her child support payments?

Yes \_\_\_\_ No \_\_\_\_

Do you want child support? Yes \_\_\_\_ No \_\_\_\_

If no, why?

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#### CUSTODY OF CHILD/REN

What form of custody are you seeking? (Check one)

Sole \_\_\_\_\_ Joint \_\_\_\_\_ Shared/Split \_\_\_\_\_

(If you wish, you may discuss the differences and between the above custody arrangements with your lawyer before answering this question)

Where and with whom do the child/ren live now?

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Do you wish to keep the current living arrangement? Yes \_\_\_\_ No \_\_\_\_

If no, why?

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What access/visitation arrangements do you currently have in place?

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What access/visitation arrangements do you wish if not the same as the above? (Please see below prior to answering this question)

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With respect to the parent with whom the child/ren DO NOT live with, please consider the following with respect to what access, if any, you wish the other parent to have:

A) Weekends, Long weekends and/or other days of the week (Ie. Every weekend, every other weekend- Friday night to Sunday night or Monday night if a long weekend)

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B) Christmas holidays (Ie one parent had the first week and the other parent has the second week and alternating every year thereafter.)

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C) Summer holidays (ie one month with you, one month with the other parent, every other week, etc)

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D) Spring Break (ie.split in half or alternating In each year)

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E) Easter Long weekend (which sometimes runs into the spring break)

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F) Child/ren's Birthday (ie splitting the day or alternating in each year)

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Mother'S Day Or Father's Day (ie if the day falls on the other parent's access)

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g) Other holidays (ie religious holidays, other family members birthdays, etc.)

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Do you wish to be able to take the children out of the city/province/country for holidays?

Yes \_\_\_\_ No \_\_\_\_\_

With or without the consent of the other parent?

With Consent \_\_\_\_\_ Without Consent \_\_\_\_\_

Do you wish the same restriction on your spouse? Yes \_\_\_\_ No \_\_\_\_

Do you wish to presently move with the children? Yes \_\_\_\_ No \_\_\_\_

If yes, where and when?

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If yes, is your spouse consenting to this move? Yes \_\_\_\_ No \_\_\_\_

School and Extra Curricular Activities - Do you wish the "access" parent to be able to attend at school functions, parent-teacher interviews and extra-curricular activities that the child/ren may be involved in?

Yes \_\_\_\_ No \_\_\_\_

If no, why

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Are your children involved in any extra-curricular activities? Yes \_\_\_\_ No \_\_\_\_

If yes, what activities and what is the monthly cost?

Activity	Monthly Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____

Do you have daycare costs? Yes \_\_\_\_ No \_\_\_\_

If yes, how much do you pay per month? \$ \_\_\_\_\_

Can you provide receipts? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your daycare subsidized? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have medical costs for the child/ren exceeding \$100 per year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, can you provide receipts? Yes \_\_\_\_\_ No \_\_\_\_\_

**MATRIMONIAL PROPERTY ISSUES (if applicable)**

Do you own a home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are both the name of you and your spouse on title? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are both you and your spouse on the mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_

When did you move in? \_\_\_\_\_ Year

Did you move into the home prior to the marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the home owned by either spouse prior to the marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did the downpayment come from? \_\_\_\_\_

(from joint funds, inheritance, gift or loan from one or both spouses' parent)

Do you rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to have exclusive possession of the matrimonial home? (ie: that you and/or your children live in the home and your spouse not be allowed in the home by court order) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you and your spouse own any other property (other than the matrimonial home)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details

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Did either you or your spouse own any other land/property prior to the marriage?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details (ie another home, vehicle, etc.)

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Do you and/or your spouse own any vehicles? Yes \_\_\_\_ No \_\_\_\_

If yes, list the vehicles and in whose name are in the vehicles registered in?

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Do you and/or your spouse have private pension plans? Yes \_\_\_ No \_\_\_

Your pension plan (who with) \_\_\_\_\_

Your spouse's pension plan (who with) \_\_\_\_\_

Do you and/or spouse have RRSPs or other investments? Yes \_\_\_ No \_\_\_

If yes, please describe (amount, institution, do you have documentation?)

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Have you and/or your spouse ever received inheritance monies during the marriage?

Yes \_\_\_\_ No \_\_\_\_

Do you have documents to prove this inheritance? Yes \_\_\_\_ No \_\_\_\_

If yes, who received this money and what was the money used for:

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Do you and/or your spouse have debts? (ie credit cards, loans, etc.)

If yes, please describe and what is owing:

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Do you consider these debts matrimonial (ie joint) debts? Yes \_\_\_ No \_\_\_

## 6. SPOUSAL SUPPORT

Do you require or wish spousal support?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much per month do you require?

\$ \_\_\_\_\_

If yes, please complete the following (based on expenses per month)

(please just estimate where possible - this is only a guideline at this time and some things listed may not apply)

Rent/Mortgage \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Hydro & Water \$ \_\_\_\_\_

Gas/Heating \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

TV/Cable \$ \_\_\_\_\_

Groceries \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ (include gas, insurance, repairs)

Insurance \$ \_\_\_\_\_

Child/ren \$ \_\_\_\_\_ (extra-curricular activities)

Debts \$ \_\_\_\_\_ (credit cards, lines of credit, etc.)

Other \$ \_\_\_\_\_ (please explain)

Do you work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much you do earn per year? \$ \_\_\_\_\_

If no, when was the last time you worked? \_\_\_\_\_

How much did you earn? \$ \_\_\_\_\_

Do you have a resume? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the children impact your ability to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you choose to stay home with the children? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this a joint decision between you and your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your spouse ask you to stay home rather than work? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have health problems that impact your ability to work? Yes \_\_\_ No \_\_\_

If yes, what health problems:

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What do you plan to do after the divorce/separation? (Do you wish to return to school, seek immediate employment? How long do you wish to return to school for and what diploma or degree are you seeking?)

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7. RESTRAINING ORDERS (if applicable)

Do you have a restraining order? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish a restraining order? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish the child/ren to be included in the restraining order?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain why you require a restraining order (list the last 10-15 "violent or threatening" incidents which occurred - ie date and what happened). Please be brief. Your lawyer will discuss these incidents in further detail with you.

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Incidents

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

Have the Police ever been Involved? Yes \_\_\_\_\_ No \_\_\_\_\_

- 2) If yes, when (date) and what happened? (Be brief)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Have you or your spouse ever been charged? Yes \_\_\_\_\_ No \_\_\_\_\_

- 4) If yes, What happened?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5) If your children are not included in the restraining order and your spouse has access with the children how do you propose to do drop off and pick up of the children? (ie. Third party pick up and drop off)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Comments (if any)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Have you taken the parenting after separation course? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are applying for a Divorce you must take this course. It is mandatory. Your divorce cannot be finalized until you have taken the course. You cannot make any court applications without having taken the course. Please call my office and they will give you the necessary information for you to call and arrange to take this course. It is either one all day Saturday OR one Tuesday and Thursday evening. The course is free and is held at the Law Courts building downtown.