

Client Interview Sheet

CLIENT

Name: _____ Age: _____

Place of Birth: _____ Birthdate: _____
MMM DD YYYY

Maiden and Former Name: _____

Address: _____

Telephone No.: _____

Employment: _____

Address: _____

Telephone: _____ Salary (Gross): _____

SPOUSE/OPPOSING PARTY

Name: _____ Age: _____

Place of Birth: _____ Birthdate: _____
MMM DD YYYY

Maiden and Former Name: _____

Address: _____

Telephone No.: _____

Employment: _____

Address: _____

Telephone: _____ Salary (Gross): _____

Picture of Spouse provided for Service: _____

MARRIAGE

Date of Marriage: _____ Place: _____
MMM DD YYYY

Parties' Surnames at birth (if different from above): _____

Marital Status at time of Marriage – Husband: _____ Wife: _____

Marriage Certificate Provided: _____

SEPARATION

Date of Separation: _____ Where? _____
MMM DD YYYY

Reasons: _____

RECONCILIATION, COUNSELLING, MEDIATION

I am aware of the different counseling and mediation facilities available in this area, including those offered through my church and through Mental Health Services. I believe that there is no possibility of reconciliation. (strike out preceding if not applicable)

Attempts to Reconcile: _____ OR None: _____

CHILDREN

Children of the Marriage:

Name:

Birthdate:

MMM DD YYYY

Other Children:

Name:

Birthdate:

MMM DD YYYY

Custody of the children:

(arrangements regarding access, care, and maintenance – specify proposed or actual)

PREVIOUS AGREEMENTS OR COURT ORDERS

Type? _____

Where? _____

When? _____

Copy Available? _____

DOMICILE AND RESIDENCY

Residence in Alberta (dates and places for past 12 months)

Wife: Ordinary: _____

Actual: _____

Husband: Ordinary: _____
Actual: _____

FINANCIAL INFORMATION

Client:

Occupation: _____

Gross Monthly Income: _____ Payment Periods: _____
HOW OFTEN PAID

Year of Last Filed Tax Return: _____ Total Income on Last Tax Return: _____

Total Taxable Income on Last Tax Return: _____

Spouse:

Occupation: _____

Gross Monthly Income: _____ Payment Periods: _____
HOW OFTEN PAID

Year of Last Filed Tax Return: _____ Total Income on Last Tax Return: _____

Total Taxable Income on Last Tax Return: _____

RELIEF CLAIMED

Divorce Judgment: _____ Interim and Permanent Custody: Sole Joint

Interim and Permanent Maintenance: Plaintiff: _____ Respondent: _____

Lump Sum Support: _____

Child Support: _____ Extraordinary Expenses: _____

Division of Matrimonial Property: _____

Exclusive Possession of Matrimonial Home: _____

Order Freezing Assets: _____

Restraining Order: _____

Costs: _____

Other Information you want us to know:



Important Note re: Alberta Applications involving Children

You must attend a course entitled Parenting After Separation. Please note that this is a **mandatory** course, if the following circumstances apply to you:

- If you are getting divorced (and are either the Plaintiff or the Defendant) and you have children under the age of 16;
- If you are a parent and wish to make an application under the Family Law Act and you have children under the age of 16;
- If you are a parent and are the Respondent in an application under the Family Law Act and you have children under the age of 16; and
- Other circumstances as I may advise you of.

The course is available either on Saturdays for 6 hours, or on Tuesdays and Thursdays for 3 hours each. You must schedule your attendance at the class as they do not accept walk-ins.

Upon completion of the course, the instructor will provide you with a yellow certificate indicating that you have successfully completed the course. Please **provide me with the original certificate** immediately upon receipt; if I do not have the original that I can file with the court, you may be barred from making a court application until it is filed.