

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

## **FAMILY LAW INFORMATION FORM**

### **WIFE:**

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

Surname Before Marriage: \_\_\_\_\_

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

Mother's Maiden Surname: \_\_\_\_\_

Marital Status Prior to Marriage: \_\_\_\_\_

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

<b>Contact:</b>	Home:	Work:	Cell:
	Fax:	Email:	

Occupation:	Employer:	\$
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Place of Birth:	Date of Birth:
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<b>Educatio n and Training:</b>	 ..... ..... .....
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### **HUSBAND:**

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

Surname Before Marriage: \_\_\_\_\_

Marital Status Prior to Marriage: \_\_\_\_\_

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

<b>Telephon e</b>	Home:	Work:	Cell:
	Fax:	Email:	

Occupatio n:	Employer:	\$
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Place of Birth:	Date of Birth:
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<b>Education and Training:</b>	 ..... ..... .....
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Place of residence at date of marriage:

Place (city) of marriage:	Date of marriage:
Date of cohabitation:	Date of separation:

Previous Legal Proceedings:	

Do you have a Will?:

Have you signed a power of attorney appointing your spouse?

**CHILDREN:**

Name:	Date of Birth:	Age	Current Residence:

**CURRENT ACCESS ARRANGEMENTS:**

.....

**CURRENT CHILD SUPPORT ARRANGEMENTS:**

.....

**CURRENT SPOUSAL SUPPORT ARRANGEMENTS:**

.....

**NAME CHANGE:**

**From:**

**To:**

**LIST YOUR MONTHLY EXPENSES**

	Monthly
<b>Compulsory deductions</b>	
CPP contributions	
EI premiums	
Income Taxes	
Employee pension contributions	
Other (specify)	
<b>Compulsory Deductions Sub-total</b>	
<b>Housing</b>	
Rent or mortgage	
Property taxes	
Property insurance	
Water, sewer, garbage	
Strata fees	
House repairs and maintenance	
Other (specify)	
<b>Housing Sub-total</b>	
<b>Utilities</b>	
Heat and electricity	
Telephone	
Cable TV	
Other (specify)	
<b>Utilities Sub-total</b>	
<b>Household expenses</b>	
Food	
Household supplies	
Meals outside the home	
Furnishings and equipment	
Other (specify)	
<b>Household expenses Sub-total</b>	
<b>Transportation</b>	
Public transit, taxis	
Gas and oil	
Car insurance and license	
Parking	
Repairs and maintenance	
Lease payments	
Other (specify)	
<b>Transportation Sub-total</b>	
<b>Other</b>	
Charitable donations	
Vacation	
Pet care	
Newspapers, publications	
Other (specify)	
<b>Other Sub-total</b>	

<b>Health</b>	
MSP premiums	
Extended health premiums	
Dental plan premiums	
Health care (net of coverage)	
Drugs (net of coverage)	
Dental care (net of coverage)	
Other (specify)	
<b>Health Sub-total</b>	
<b>Personal</b>	
Clothing	
Hair care	
Toiletries, cosmetics	
Education (specify)	
Life insurance	
Dry cleaning/laundry	
Entertainment/recreation	
Gifts	
Other (specify)	
<b>Personal Sub-total</b>	
<b>Children</b>	
Child care	
Clothing	
Hair care	
School fees and supplies	
Entertainment/recreation	
Activities and lessons	
Gifts	
Insurance	
Other (specify)	
<b>Children Sub-total</b>	
<b>Savings</b>	
RRSP	
RESP	
Other (specify)	
<b>Savings Sub-total</b>	
<b>Support payments to others (specify)</b>	
<b>Support payments to others Sub-total</b>	
<b>Debt payments (specify minimum monthly payments)</b>	
<b>Debt payments Sub-total</b>	
<b>TOTAL MONTHLY EXPENSES</b>	
<b>* TOTAL ANNUAL EXPENSES</b>	

\* multiply total monthly expenses by 12

## ASSETS

- THOSE YOU OWN IN YOUR NAME
- THOSE YOU OWN JOINTLY WITH YOUR SPOUSE
- THOSE YOU OWN JOINTLY WITH SOMEONE OTHER THAN YOUR SPOUSE

<b>1.</b>	<b>Real Estate</b>		
	<b>Details</b>	<b>Date Acquired</b>	<b>Value</b>
<b>Real estate Sub-total</b>			

<b>2.</b>	<b>Vehicles</b> • include all recreational vehicles and trailers		
	<b>Details</b>	<b>Date Acquired</b>	<b>Value</b>
<b>Vehicles Sub-total</b>			

<b>3.</b>	<b>Financial assets</b> • Savings and chequing accounts, term deposits, GICs, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies (indicate beneficiaries), accounts receivable, etc. • List all account numbers and name of institution where accounts are held.		
	<b>Details</b>	<b>Date Acquired</b>	<b>Value</b>
<b>Financial assets Sub-total</b>			

<b>4.</b>	<b>Pensions and RRSP's</b> • List name of institution where accounts are held, name of the pension plan		
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Details	Date Acquired	Value
<b>Pensions and RRSP's Sub-total</b>		

**5. Business Interests**

- List any interest you hold, directly or indirectly, in any unincorporated business, including partnerships, trusts and joint ventures.
- List any interests you hold in incorporated businesses.
- Record the name and address of the company.

Details	Date Acquired	Value
<b>Business interests Sub-total</b>		

**6. Other**

- Include precious metals, collections, works of art and any jewelry or household items of extraordinary value.

Details	Date Acquired	Value
<b>Other Sub-total</b>		

**7. Safety Deposit Boxes:**

- List location, contents and value (if known).

Details	Date Acquired	Value
<b>Other Sub-total</b>		



**SPECIAL EXPENSES FOR THE CHILDREN**

- PROVIDE DETAILS FOR EACH CHILD.
- \* TO CALCULATE A NET AMOUNT, SUBTRACT, FROM THE GROSS AMOUNT, SUBSIDIES, BENEFITS, INCOME TAX DEDUCTIONS OR CREDITS RELATING TO THE EXPENSE.

Name of child:

	Annual Gross	* Annual Net
Child care expense		
Medical/dental insurance premiums attributable to child		
Health related expenses that exceed insurance reimbursement by at least \$100		
Extraordinary expenses for primary or secondary school		
Post secondary education expenses		
Extraordinary extracurricular expenses ( <i>list</i> )		
Subtract contributions from child	-	
<b>Total</b>		

Name of child:

	Annual Gross	* Annual Net
Child care expense		
Medical/dental insurance premiums attributable to child		
Health related expenses that exceed insurance reimbursement by at least \$100		
Extraordinary expenses for primary or secondary school		
Post secondary education expenses		
Extraordinary extracurricular expenses ( <i>list</i> )		
Subtract contributions from child	-	
<b>Total</b>		

Name of child:

	Annual Gross	* Annual Net
Child care expense		
Medical/dental insurance premiums attributable to child		
Health related expenses that exceed insurance reimbursement by at least \$100		
Extraordinary expenses for primary or secondary school		
Post secondary education expenses		
Extraordinary extracurricular expenses ( <i>list</i> )		
Subtract contributions from child	-	
<b>Total</b>		

Name of child:

	Annual Gross	* Annual Net
Child care expense		
Medical/dental insurance premiums attributable to child		
Health related expenses that exceed insurance reimbursement by at least \$100		
Extraordinary expenses for primary or secondary school		
Post secondary education expenses		
Extraordinary extracurricular expenses ( <i>list</i> )		
Subtract contributions from child	-	
<b>Total</b>		

Name of child:

	Annual Gross	* Annual Net
Child care expense		
Medical/dental insurance premiums attributable to child		
Health related expenses that exceed insurance reimbursement by at least \$100		
Extraordinary expenses for primary or secondary school		
Post secondary education expenses		
Extraordinary extracurricular expenses ( <i>list</i> )		
Subtract contributions from child	-	
<b>Total</b>		

Name of child:

	Annual Gross	* Annual Net
Child care expense		
Medical/dental insurance premiums attributable to child		
Health related expenses that exceed insurance reimbursement by at least \$100		
Extraordinary expenses for primary or secondary school		
Post secondary education expenses		
Extraordinary extracurricular expenses ( <i>list</i> )		
Subtract contributions from child	-	
<b>Total</b>		

## DOCUMENTS TO BE PROVIDED BY YOU

- **TO PROPERLY ADVISE YOU REGARDING THE ISSUES ARISING FROM YOUR SEPARATION AND/OR MARRIAGE BREAKDOWN, I REQUIRE COPIES OF THE FOLLOWING DOCUMENTS (EXCEPT WHERE ORIGINAL DOCUMENTS ARE INDICATED AS REQUIRED).**
- **IT WOULD BE HELPFUL IF YOU ARE ALSO ABLE TO PROVIDE ANY OF THE ABOVE DOCUMENTATION FOR YOUR SPOUSE.**
- Original marriage certificate issued by Department of Vital Statistics in the jurisdiction where you were married.
- Your personal income tax returns and notices if assessment obtained from the Canada Revenue Agency for the past 3 years.
- Your last 3 pay stubs showing year-to-date earnings
- If you are the share holder of a closely held company (*e.g. one in which you or you and your spouse are the only shareholders*):
  - all corporate income tax returns and notices if assessment obtained from the Canada Revenue Agency for the past 3 years
  - all financial statements prepared by your accountant for the past three years
  - corporate records books for all companies.
- BC Assessments or property tax statements for each parcel of land in which you or your spouse have an interest.
- Current British Columbia assessments for each parcel of land you own alone or with your spouse in British Columbia.
- Current statements for RRSP, RESP, GIC, mutual fund, term deposit and other investments accounts in your name alone or held jointly with your spouse.
- Details of all stocks registered in your name and a statement of current value of the stock.
- Statements indicating the commuted value of your pensions as at the date of separation (*you will need to obtain these from your pension plan administrator*).
- Statements for all credit card accounts in your name alone or held jointly with your spouse, indicating balances at the date of separation and the current balances.
- Statements for all mortgages, bank loans and lines of credit in your name or held jointly with your spouse, indicating balances at the date of separation and the current balances.
- Statements for all chequing and savings accounts in your name or held jointly with your spouse indicating, balances at the date of separation and the current balances.
- Promissory notes evidencing any outstanding debts owing by you.
- Promissory notes evidencing any monies owing to you.
- List of any monies owing by you that are not evidenced by a written document.
- List of any monies owing to you that are not evidenced by a written document.



- Any evaluations or appraisals of assets that you have commissioned within the past year.