



The Village at Park Royal
203-815 Main Street
West Vancouver, B.C.
Canada V7T 2Z3
Tel: (604) 925-9260
Fax: (604) 925-9261
Email: karen@redmondlaw.ca
Website: www.redmondlaw.ca

TODAYS DATE: _____

DIVORCE ONLY CLIENT INFORMATION FORM

Your Information:

Full name (Given, middle and last name): _____

Date of Birth (DD/MM/YYYY): _____ Place of Birth: _____

Cell Phone Number: _____ / Can I contact you here? YES___/NO___

Alt Phone Number (if Appl): _____ / Can I contact you here? YES___/NO___

Email Address: _____ / Can I contact you here? YES___/NO___

Home Address and postal code: _____

Can correspondence be sent to your home address? YES___/NO___

If not, where? _____

Were you married before? YES___/NO___

Details of previous marriage (date of divorce/death of spouse) _____

Your surname before marriage: _____ Your surname at birth: _____

Do you wish to change your name: YES___/NO___

Spouse's Information:

Full name (Given, middle and last name): _____

Date of Birth (DD/MM/YYYY): _____ Place of Birth: _____

Cell Phone Number: _____

Email Address: _____

Home Address and postal code: _____

Were you married before? YES___/NO___

Details of previous marriage (date of divorce/death of spouse) _____

Surname before marriage: _____ Surname at birth: _____

Information on marriage or relationship:

Date of commencement of cohabitation: (DD/MM/YYYY) _____

Date of marriage: (DD/MM/YYYY) _____

Place of marriage: _____

Date of separation: _____

Has a 'Court' or 'Litigation' process been commenced: YES__ /NO__

If yes, is there a 'Hearing' or 'Trial' pending, and if so on what date(s) _____

Have you reconciled at any time? YES__ /NO__

Is there a possibility of reconciliation with your spouse? YES__ /NO__

Do you have a marriage certificate? YES__ /NO__

Children of the marriage (if applicable):

Information (first child):

Full Legal Name of the Child: _____

Date of Birth (DD/MM/YYYY) & Birthplace: _____

Child's Information (second child):

Full Legal Name of the Child: _____

Date of Birth (DD/MM/YYYY) & Birthplace: _____

[If more than 2 children please add additional details on a separate sheet]

If applicable, how were issues relating to parenting resolved to this stage?

(a) Ad hoc/nothing formal/requires resolution (circle appropriate answer)

(b) Trial Judgment pronounced on _____

(c) Consent Court Order pronounced _____

(d) Separation/Parenting Agreement dated _____

(please attach a copy of the document which established the parenting plan)

Do you or your spouse pay child support for any of these children? YES__ /NO__

Does anyone apart from you or your spouse pay child support for these children? YES__ /NO__

If yes, provide details: _____

Your Income/Employment):

Name of Employer or name of business? _____

Position Held: _____ Date of Commencement: _____

Schedule of employment: hours/days per week? _____

Gross Income per year? _____ Extended Health Benefits? _____

Other sources of income? (e.g. rental, dividends, disability, Government benefits, etc.)

Spouse's Income/Employment):

Name of Employer or name of business? _____

Position Held: _____ Date of Commencement: _____

Schedule of employment: hours/days per week? _____

Gross Income per year? _____ Extended Health Benefits? _____

Other sources of income? (e.g. rental, dividends, disability, Government benefits, etc.)

Credit Card Authorization

We confirm that your signature below authorizes us to pay retainer fees or any outstanding balance on your account with this credit card:

VISA___MASTERCARD___

Cardholder's Name: _____

Card Number: _____ Expiry Date: _____ CVV# _____

Signature: _____

For payment of fees, our preferred method of payment of payment, is etransfer to legaladmin@redmondlaw.ca

For payment by credit card, services charges may apply.