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Re: General Information Questionnaire

Attached is the general information questionnaire.

The concept of this document is for you to supply sufficient information to allow us to assess the nature of the issues involved and the range of resolution options available in order to provide you with a preliminary first opinion.

One hundred percent accuracy is not required; however, significant missing information will, of course, have an impact on any opinion provided.

Regulations recently introduced by the Law Society of Upper Canada require us to verify the identity of any client who retains us. To that end, we would greatly appreciate that you provide us with two pieces of identification at the time that you submit this questionnaire; one of which should be photo identification. Please note that your Ontario Health Card is not considered identification for these purposes.

In the event that you determine that you do not wish to retain us, you may request the return of this document, together with any original material or information supplied.

Any information you share with us, whether in writing or in person, is protected by solicitor/client privilege and will not be divulged to any other party without your consent.

It is important to note that any advice provided by this firm is based on the facts provided to us and on the status of family law at the time the advice is given. Family law is subject to continual change. Consequently, the advice provided may vary over time. Should the facts provided to us be incorrect or incomplete or should the law or its interpretation change, our advice may be inappropriate. We are not responsible for updating our advice for changes in law or interpretation after the date at which it is given or upon completion of our retainer to provide service. Our advice is for the sole use of our client. The advice is based on the specific facts and circumstances and the scope of our engagement is not intended to be relied upon by any other person. We disclaim any responsibility or liability for any reliance that any person other than the client may place on this advice.

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PERSONAL FAMILY INFORMATION QUESTIONNAIRE

- Conflict Search Complete

I am seeking a consult regarding (please check all those that apply)

- General information
- Mediation
- Assistance in a court action
- Representation in a court action
- Arbitration
- Collaborative family law

1. Your name _____

2. Your phone number (w) _____ (h) _____

E- mail address: _____

3. Your (former) spouse's name _____

4. Date of marriage _____ Date of Cohabitation _____

5. Place of marriage _____

6. Date of separation _____

If you are still living in the same house, when do you consider that you and your
spouse decided to separate? _____

7. Has there been a previous separation period of reconciliation? _____

8. Do you have your Marriage Certificate? _____

9. Do you have a Will and Powers of Attorney? If yes, when were they signed?

10. Today's date _____

PERSONAL INFORMATION

Your Information

**(Former) Spouse's
information**

11.	Date of birth	_____	_____
12.	Place of birth	_____	_____
13.	Surname at birth	_____	_____
14.	Surname before marriage	_____	_____
15.	Living in Ontario since	_____	_____
16.	Current address	_____	_____
	Postal Code	_____	_____
17.	Marital status before marriage or cohabitation:	_____	_____
		(single, divorced, widowed)	
18.	Choice of correspondence:	e: mail only _____	regular mail: _____
19.	May we send correspondence to your residence noted above?	yes _____	no _____
20.	If your response is no, kindly provide an alternate address for mailing purposes:	_____	_____
		_____	_____
		_____	_____

20. **CHILDREN**

Full Name	Date of Birth	School and Grade	Currently residing with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. **CURRENT ACCESS ARRANGEMENTS**

22. **CURRENT SUPPORT ARRANGEMENTS**

23. **HISTORY OF PRIOR PROCEEDINGS / AGREEMENTS**

24. YOUR EDUCATION

Highest level of education completed and degree / diploma obtained.

25. YOUR EMPLOYMENT HISTORY

Please complete your employment history commencing with the position you now hold and ending with the position held on the date of marriage. If you have worked for the same organization for an extended period of time, please indicate changes in the nature of the position held and the income received. Please indicate periods of extended unemployment, if applicable.

Dates	Employer	Position Held	Gross Salary
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Do you currently have medical and dental coverage with your employer? _____

Do you currently have benefits through your employer such as a car allowance, annual bonus, profit sharing plan, etc.?

Health disabilities or afflictions that may impact on your present or future capacity to maintain employment. Please indicate treatment prescribed and current attending physicians.

26. (FORMER) SPOUSE’S EDUCATION

Highest level of education completed and degree / diploma obtained.

27. (FORMER) SPOUSE’S EMPLOYMENT HISTORY

Dates	Employer	Position Held	Gross Salary
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Does your former spouse currently have medical and dental coverage with employer?

Does your former spouse currently have any benefits through their employer such as a car allowance, annual bonus, profit sharing plan, etc.?

28. HEALTH

Health disabilities or afflictions that may impact on your former spouse's present or future capacity to maintain employment. Please indicate treatment prescribed and current attending physicians.

29. FAMILY COUNSELING

Have you attended family counseling? If yes, dates and counselor.

30. SAFETY CONCERNS

Have there been incidents of violence, threats or intimidation in your relationship? Have the Police been involved? If so, when? Were charges laid? Is this an ongoing matter or how was this resolved?

Has the Children's Aid Society been involved? If so, when? Is this an ongoing matter or how was this resolved?

31. FINANCIAL SITUATION

Land Location	Registered Owners	Mortgage Balance	Resale Value
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Value of household contents (approximate) \$ _____

Savings / Chequing Accounts, RRSPs, Stocks, etc.

Institution	Address	Owner	Balance
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Pension

Are either you or your former spouse entitled to an employment pension, if yes, please give details.

Stocks

Do either you or your former spouse have stock options or similar employment remuneration?

32. INHERITANCE

Have either you or your former spouse received an inheritance? If so, from whom and what did you do with it?

Have either you or your former spouse received a significant gift from a third party? If so, from whom and what did you do with it?

Have either you or your former spouse received a settlement of judgement for a personal injury? If so, when and what did you do with it?

33. LIFE INSURANCE

Company	Life Insured	Amount	Beneficiary
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34. AUTOMOBILES

Year	Make	Owner	Resale Value	Principle Driver
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35. BUSINESS INTERESTS

36. DEBTS

Category	Particulars	Balance
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What are your immediate plans?

What are the major things you want? (i.e. custody, support, matrimonial home, car, etc.?)

How did you hear about our firm?

referral from a current or former client, who _____

referral from another lawyer, who _____

collaborative family law referral, who _____

our web site

yellow pages (book)

yellow pages (internet)

lawyers.com

other