

CONFIDENTIAL QUESTIONNAIRE - JOINT DIVORCE

45 Sheppard Avenue East, Suite 500D, Toronto, Ontario, M2N 5W9 • 647-254-0909 • order@separationagreementontario.ca

Please complete this questionnaire and email it to <u>order@separationagreementontario.ca</u> and we will contact you within one business day with a flat-rate quote to draft, edit, sign and finalize your Joint Divorce Application.

To assist us in representing you, please complete the following information, which will be kept completely private and confidential.

This is a generic questionnaire, not all questions will be applicable to your particular situation. To help us serve you better please complete ALL questions. If a question is not applicable to your situation, please write N/A.

Today's Date (mm/dd/yyyy)

How were you referred to our firm?

CONTACT INFORMA	TION		
Name (in full)			
First Name	Middle Name	Last Name	
Your Date of Birth (mm/dd/y	(אַאָאַ)	Gender on the date bef	ore the marriage date
Address			
City		Province	Postal Address
Home Telephone #	Cell #	Email	
Since when (Month, Year) ha	ave you resided in the Municipal	lity in which you now live?	
What City/Town, Province o	r Country were you born		
Since when (Month, Year) ha	ave you lived in Ontario?		
	ATION AS PER LAW SOCIE		
Employment Occupation* (N	MANDATORY)		
Employer Name* (MANDAT	ORY)		
Employer Address* (MANDA	ATORY)		
Employer Phone Number* (MANDATORY)	Your Annual Income	



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SPOUSE'S/PARTNER'S CONTACT INFORMATION:

Name (in full)					
First Name	Middle Name	Last Name			
Spouse's/Partner's DOB (mm/dd/y	ууу)	Gender on the date before	e the marriage date		
Address					
City		Province	Postal Address		
Home Telephone #	Cell #	Email			
Since when (Month, Year) have you	resided in the Municipality	/ in which you now live?			
What City/Town, Province or Country were you born		Since when (Month, Year)	Since when (Month, Year) have you lived in Ontario?		
Spouse's/Partner's Lawyer's Name	, Address & Phone # (If Knc				
Spouse's Employment Position		Spouse's Employer	Spouse's annual salary		
PARTICULARS OF YOUR M	IARRIAGE				
Date of Marriage* (mm/dd/yyyy)		Started living together on	Started living together on (date) (mm/dd/yyyy)		
City or Place of Marriage		Do you have a marriage co	Do you have a marriage certificate?		
At the time of the marriage	, you were:				
Never Married					
		••••••			
A widow/er; Do you have a Dea	ath Certificate?		YES NO		
At the time of the marriage	, your spouse was:				
Never Married					
🗌 A divorced person; Do you hav	e your Divorce Certificate?	••••••	YES 🗌 NO		
🗌 A widow/er; Do you have a Dea	ath Certificate?		🗌 YES 🗌 NO		
Spouse's surname just prior to marriage		Spouse's surname at birth	Spouse's surname at birth		
Your surname just prior to marriage		Your surname at birth			

family× lawyers

BTL Law P.C.

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WHAT IS YOUR REASON FOR OBTAINING A FAMILY LAWYER

Are you in a common-law relationship?	🗌 YES	🗌 NO
Do you wish to have a divorce commenced?	🗌 YES	🗌 NO
Do you want a marriage contract or a co-habitation agreement?	🗌 YES	🗌 NO
Do you wish to negotiate a Separation Agreement?	···· 🗌 YES	🗌 NO
SEPARATION		
Are you interested in Marriage Counselling?	🗌 YES	🗌 NO
If you and your spouse/partner are not living at the same address, on what date did you begin to live apart?		
If you are living at the same address, what date did you decide to separate permanently?		
If you are separated have you tried to reconcile with your spouse? If so, please state periods of reconciliation:		
Has a Marriage Contract or Separation Agreement been entered into?	🗌 YES	🗌 NO
If so, which date (mm/dd/yyyy)?		

CHILDREN

List all children of this marriage, whether adults or under 18 years old, providing full legal name, birth date, school attending and grade.

Full Name	Birthdate (DD/MM/YY)	City of Residence	Resides With	Employed Or School?

CURRENT PARENTING ARRANGEMENTS

Provide the regular weekly schedule for parenting arrangements in place (which days each parent will have the children). Additionally, provide the parenting arrangement for holidays and school breaks. This may be very general or specific.

If you are separated, are there any access and child support arrangements?

When did these arrangements commence?

Do you have a file open or is child support being enforced by the Family Responsibility Office?





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What are you goals with respect to the following:

Custody	
Child Support	
Spousal Support	
Access	

If you agreed on any settlement or partial settlement, list the details below or use back of page

COURT PROCEEDINGS	
Have any court proceedings been commenced?	When were proceedings commenced? Date (mm/dd/yyyy):
In which court were proceedings commenced?	
Have any court orders been made?	
If applicable, when is your next court date (mm/dd/yyyy)?	
What is the court date for? Check one of the following: 🗌 Motion	Case Conference Settlement Conference Trial
OTHER MATTERS	
Do you own a home?	
Do you own the home jointly on solely?	
What is the estimated remaining balance of your mortgage?	
What is the estimated market value of your home?	
Do you want to sell your home?	
Do you want to remain in the home?	
Do you have an up to date Will?	
Do you have a Power of Attorney?	
Do you and your spouse have joint debts (including credit cards, mor business debts)?	
Have they been closed?	YES NO



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Has there been any physical or emotional abuse in your relationship? (i.e. Have the police ever been called? Any charges laid? Restraining Order granted? Do you feel safe or are you fearful of your spouse? If so, please provide details.)

Are there any urgent matters that require immediate attention? DYES 🗌 NO Pursuant to the LAW Society's rules for client identification, We need you to provide one of the following:

Driver's Licence

Birth Certified Passport Other (specific type)

OFFICE USE ONLY - ORIGINAL DOCUMENT REVIEWED - COPY ATTACHED

Date Identified Verified (mm/dd/yyyy): Identity Verfied By: Date File Reviewed by Lawyer (mm/dd/yyyy): Name of Lawyer: