

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Seen by: \_\_\_\_\_ File No.: \_\_\_\_\_

**CONFIDENTIAL QUESTIONNAIRE**

*To assist us in preparing your file, please complete the following information, which will be kept completely private and confidential.*

Date: \_\_\_\_\_

**Client**

Name (full legal name) \_\_\_\_\_

**RESIDENCE ADDRESS**

\_\_\_\_\_  
Street Name and Number Apartment or Unit Number  
\_\_\_\_\_  
City Province Postal Code

**MAILING ADDRESS**

If different  
from above

\_\_\_\_\_  
Street Name and Number Apartment or Unit Number  
\_\_\_\_\_  
City Province Postal Code

Phone: Home: \_\_\_\_\_ v/m ok? Y/N Cell: \_\_\_\_\_ v/m ok? Y/N

Work \_\_\_\_\_ ext \_\_\_\_\_ v/m ok? Y/N

Email \_\_\_\_\_ (  Confirmed with client is confidential)

**Identity verification**

Copy of identification obtained on: \_\_\_\_\_  
(Copy kept in file)

Identification obtained and verified by photo identification

<input type="checkbox"/> Passport _____ <input type="checkbox"/> Driver's License DL _____ <input type="checkbox"/> Citizenship Card _____
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How were you referred to our firm? \_\_\_\_\_

**Background**

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer address: \_\_\_\_\_  
Street Name and Number Unit Number  
City Province Postal Code

Length of employ: \_\_\_\_\_ Annual gross inc.: \_\_\_\_\_

Employment history: \_\_\_\_\_

Social ins. number: \_\_\_\_\_ Pension plans: \_\_\_\_\_

**Opposing Side**

Husband  Wife  Statutory Common Law Partner  Parent of Child of Relationship

Name of individual: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name and Number Apartment or Unit Number  
City Province Postal Code

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name and Number Apartment or Unit Number  
City Province Postal Code

Position: \_\_\_\_\_ Length of employ: \_\_\_\_\_ Annual Gross Inc.: \_\_\_\_\_

Employment history: \_\_\_\_\_

Social Ins. Number \_\_\_\_\_ Pension plans: \_\_\_\_\_

**Opposing Lawyer**

If known

\_\_\_\_\_ Street Name and Number Unit Number  
\_\_\_\_\_ City Province Postal Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Matrimonial Home**

Location: \_\_\_\_\_ Approximate value: \_\_\_\_\_  
Ownership:  Joint  Sole \_\_\_\_\_ Mortgager: \_\_\_\_\_  
Address of mortgager: \_\_\_\_\_ Value of mortgage: \_\_\_\_\_  
Discharge / Renewal date: \_\_\_\_\_

**Separation Details**

Date of separation: \_\_\_\_\_ Place of separation: \_\_\_\_\_

**Details of Marriage**

Date of marriage: \_\_\_\_\_ Location: \_\_\_\_\_ Cohabitation before marriage: \_\_\_\_\_  
Current living arrangements:  Living in same home  Living separate and apart

**Information of Client**

Surname at birth: \_\_\_\_\_  
Name at time of marriage: \_\_\_\_\_  
Marital status at time of marriage: \_\_\_\_\_  
If previously married name of former spouse: \_\_\_\_\_  
Date of divorce from former spouse: \_\_\_\_\_  
Place of divorce: \_\_\_\_\_

**Information of Opposing Party**

Surname at birth: \_\_\_\_\_  
Name at time of marriage: \_\_\_\_\_  
Marital status at time of marriage: \_\_\_\_\_  
If previously married name of former spouse: \_\_\_\_\_  
Date of divorce from former spouse: \_\_\_\_\_  
Place of divorce: \_\_\_\_\_

**Children of the Marriage/Relationship**

List all children of this marriage/relationship, including middle name, birthdate, school attending and grade.

FULL NAME	BIRTHDATE (month/day/year)	SCHOOL	GRADE	RESIDE WITH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all children of your previous marriage/relationship, including middle name, birthdate, school attending and grade.

FULL NAME	BIRTHDATE (month/day/year)	SCHOOL	GRADE	RESIDE WITH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all children of your spouse's previous marriage/relationship, including middle name, birthdate, school attending and grade.

FULL NAME	BIRTHDATE (month/day/year)	SCHOOL	GRADE	RESIDE WITH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Existing Support Arrangements**

Spousal frequency: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

Child support frequency: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

**Other**

Any previous court actions:     no  yes    If yes, explain: \_\_\_\_\_

Domestic contract:  no  yes    If yes, explain: \_\_\_\_\_

**Income**

Gross Weekly Pay: \_\_\_\_\_ Regular Wage: \_\_\_\_\_ Overtime Pay: \_\_\_\_\_ C.P.P.: \_\_\_\_\_  
U.I.C.: \_\_\_\_\_ Union Dues: \_\_\_\_\_ Disability: \_\_\_\_\_ Automatic Deductions: \_\_\_\_\_  
Pension: \_\_\_\_\_ Other: \_\_\_\_\_

**Assets**

Vehicles: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Works of art \_\_\_\_\_  
Jewellery: \_\_\_\_\_  
Contents of home: \_\_\_\_\_  
Bank accounts: \_\_\_\_\_  
Securities/RRSPs: \_\_\_\_\_  
Life insurance: \_\_\_\_\_  
Other: \_\_\_\_\_

**Debts**

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

**Deadlines**

Applicable limitation periods: \_\_\_\_\_  
Other crucial deadlines: \_\_\_\_\_

Is there any other information or problem you wish to discuss? If so, please outline below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an up-to-date Will and Power of Attorney?  Yes  No

Would you like an appointment to discuss a Will and Power of Attorney?  Yes  No

**WOOD GOLD LLP  
PRIVACY STATEMENT**

*As of January 1<sup>st</sup>, 2004, all private companies engaged in commercial activities must comply with the Personal Information Protection & Electronic Documents Act (“the Act”), unless federal cabinet has exempted the organization because it is subject to “substantially similar” provincial legislation. Your information is also protected by solicitor-client privilege and the Rules of Professional Conduct governing lawyers in the Province of Ontario, which in most respects is a greater protection than that afforded under the Act.*

**WOOD GOLD LLP** is responsible for the personal information we collect, use, maintain and disclose. To ensure this accountability, we have developed a Privacy Policy (available upon request), and have provided training to our managers and support staff on how to properly implement our privacy policies and practices.

*We have asked you to fill out this form because collecting some of your personal information is required as part of our legal services to you. We may at times collect sensitive financial, family, and personal preference information from you, which is required in order to provide you advice and legal services. By providing such information you consent to the use of the information as outlined in the form and for the purposes of providing you with legal advice and services.*

*We will keep the personal information that you provide to us in this form completely confidential. We will not disclose your personal information provided in this form to any third party without your consent.*

**WOOD GOLD LLP** is committed to protecting your privacy and we take all reasonable precautions to ensure that your personal information is kept safe from loss, unauthorized access, modification, or disclosure. We operate on a secure data network protected by an industry standard firewall and password protected systems. Our security and privacy policies are periodically reviewed and enhanced, and only authorized individuals at our firm have access to your personal information.

*If you have any questions relating to the collection, use, disclosure, and/or accuracy of your personal information provided by you and held by **WOOD GOLD LLP**, please contact our Privacy Officer at [frankie@woodgold.ca](mailto:frankie@woodgold.ca)*