

Schedule 1: Family Law Questionnaire

Client

Name (in full): _____

Street Address (or Box #): _____

City (or Town): _____ Postal Code: _____

Address prior to separation (if applicable): _____

Home Phone: _____ Work Phone: _____ Fax: _____

School Phone: _____ Email: _____

Other addresses for last twelve months: _____

Place of employment: _____

Employment address: _____

Position: _____ Salary: _____

Is the income taxable, or is it exempt from taxes (federal/provincial)? _____

Are the spouse and/or children entitled to medical/dental coverage through employer? _____

School: _____ Address: _____

Date and place of birth: _____

Social Insurance Number: _____ Marital status prior to relationship: _____

Surname at birth: _____ Surname prior to relationship: _____

Any relevant mental or physical problems: _____

Referred by: _____

Spouse

Lawyer: _____

Name (in full): _____

Street Address (or Box #): _____

City (or Town): _____ Postal Code: _____

Address prior to separation (if applicable): _____

Home Phone: _____ Work Phone: _____ Fax: _____

School Phone: _____ Email: _____

Other addresses for last twelve months: _____

Place of employment: _____

Employment address: _____

Position: _____ Salary: _____

Is the income taxable, or is it exempt from taxes (federal/provincial)? _____

Are the spouse and/or children entitled to medical/dental coverage through employer? _____

School: _____ Address: _____

Date and place of birth: _____

Social Insurance Number: _____ Marital status prior to relationship: _____

Surname at birth: _____ Surname prior to relationship: _____

Any relevant mental or physical problems: _____

Basic Information

Date and place of commencement of relationship: _____

Date and place of marriage: _____

Marriage valid? Yes No N/A Cohabitated for at least 2 years? Yes No

Resided continuously in Saskatchewan since: _____

Date and place of separation: _____

Have 2 years passed since separation? Yes No

Particulars of (including events leading up to) separation: _____

Previous separation and reconciliation attempts: _____

Efforts to reconcile (include name of counsellor): _____

Is reconciliation possible? Yes No

Mediation attempts (include name(s) of mediator(s) to date): _____

Any written or verbal separation agreement or other agreement dealing with separation? Details: _____

History of prior proceedings including divorce, custody orders, maintenance orders, marriage or separation agreements. Details of when, where, result, terms: _____

Is the client seeking counselling? Yes No

Name of counsellor(s): _____

Is the client's spouse seeking counselling? Yes No

Name of counsellor(s): _____

Grounds for Divorce (*Divorce Act*, [RSC 1985, c 3 \(2nd Supp\)](#)). Breakdown of marriage including:

- 8(2)(a) One year Separate and Apart
- 8(2)(b)(i) Adultery
- 8(2)(b)(ii) Cruelty

Full particulars: _____

Initial Documents

Have client provide you with the following documents, or obtain them directly from other sources:

Income tax returns for the past three years with all schedules and attachments. Received date: _____

Pay stubs (most current) from employment and any income from any sources Received date: _____

Financial statements relating to business and business assets. Photograph of spouse for service. Received date: _____

Bank records. Received date: _____

Any spousal agreements. Received date: _____

Copies of previous court orders and pleadings. Received date: _____

Title searches as necessary. Received date: _____

Marriage certificate. Received date: _____

Consider Personal Property Registry searches of relevant parties: Received date: _____

Consider Corporation Branch search of relevant parties: Received date: _____

Children (Copy additional sheets as necessary)

Child's Full Name: _____ Age: _____

Date and place of birth: _____

Social Insurance Number: _____ Gender: _____

Resides with: _____

Where does the child go to school? _____

What activities is the child involved in, and what are the costs of the activities? _____

What are the child care arrangements and the annual cost of child care? _____

Any other comments including physical, emotional, and educational needs, other special problems:

Children (Copy additional sheets as necessary)

Child's Full Name: _____ Age: _____

Date and place of birth: _____

Social Insurance Number: _____ Gender: _____

Resides with: _____

Where does the child go to school? _____

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Children (Copy additional sheets as necessary)

Child's Full Name: _____ Age: _____

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Social Insurance Number: _____ Gender: _____

Resides with: _____

Where does the child go to school? _____

What activities is the child involved in, and what are the costs of the activities? _____

What are the child care arrangements and the annual cost of child care? _____

Any other comments including physical, emotional, and educational needs, other special problems:

Support

Issues Client

Occupation: _____

Employer: _____

Employed since: _____

Income: _____

Other comments: _____

Spouse

Occupation: _____

Employer: _____

Employed since: _____

Income: _____

Other comments: _____

Other Sources of Income:

Client Spouse

Type of Income or Employment: _____

Employer or Business: _____

Since: _____

Income: _____

Other Comments: _____

Other Sources of Income:

Client Spouse

Type of Income or Employment: _____

Employer or Business: _____

Since: _____

Income: _____

Other Comments: _____

