



MCLEODGREENDEWAR^{LLP} & ASSOCIATES

Please complete this form and email to reception@mgdlawyers.ca or print and bring with you to your initial consultation. Photo ID will also be required. This form is required for opening and preparing your file. All information collected is kept in confidentiality.

Date: _____ Referred By: _____ Matter # _____

Client Information:

Name: _____
Surname First/Given Name Middle/Other Given Name(s)

Residence Address: _____
No. & Street Apt/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Birthdate: _____ S.I.N _____

Mailing Address: _____
(if different) No. & Street Apt/Unit#

City/Town, Province Postal Code

Occupation: _____

Business Address: _____
No. & Street Suite/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Fax: _____ CALL BEFORE SENDING ANY MATERIAL BY FAX

Divorced Before? YES NO (If yes) Place and date of Divorce _____

Other Party/Spouse's Information:

Spouse's Name: _____
Surname First/Given Name Middle/Other Given Name(s)

Residence Address: _____
No. & Street Apt/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Birthdate: _____ Occupation: _____

Business Address: _____
(if known) No. & Street Suite/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Divorced Before? YES NO (If yes) Place and date of Divorce _____

Children (Please list all your children regardless of age):

Surname First/Given Name Birthdate

Grade, Name of School Attended (if applicable)

Was this child born of the relationship that is the subject of this matter? YES NO

Surname First/Given Name Birthdate

Grade, Name of School Attended (if applicable)

Was this child born of the relationship that is the subject of this matter? YES NO

Surname First/Given Name Birthdate

Grade, Name of School Attended (if applicable)

Was this child born of the relationship that is the subject of this matter? YES NO

Surname First/Given Name Birthdate

Grade, Name of School Attended (if applicable)

Was this child born of the relationship that is the subject of this matter? YES NO

Specifics of the relationship:

Married Not Married Commenced Cohabitation on: _____

Is there a Marriage Contract or Cohabitation Agreement in place YES NO

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____ Existing Separation Agreement YES NO

The children (if any) reside primarily with Me Other Party Other

I believe my matter is regarding:

Divorce Spousal Support Parenting time/Child Access

Division of property Child support Decisions making/custody

Enforcement of Court order/domestic contract

Previous Cases or Agreements

Have the parties or the children been in a court case before? YES NO

Have the parties made a written agreement dealing with any matter involved in this case? YES NO

Have the parties arbitrated or agreed to arbitrate any matter involved in this case YES NO

Original Document Reviewed – Copy Attached

- Driver's License
- Birth Certificate
- Passport
- Other (Please Specify)

Meeting Date Identity Verified _____

Identify Verified by _____

Date file reviewed by lawyer _____

Name of Lawyer _____