

WISE SCHEIBLE BARKAUSKAS

FAMILY LAW

JEFFREY D. WISE, Q.C. WAYNE A. BARKAUSKAS CYNTHIA L.A. SCHEIBLE
TYLER S.L. FRIC BRANDON J. ST. PIERRE JENA B. COLPITTS
STACI E. SMITH* STEPHEN E. WHITEHEAD*
Student at Law

CLIENT INTERVIEW SHEET

DATE: _____

LAWYER: _____ REFERRED BY: _____

HOURLY RATES: \$ _____

RETAINER: \$ _____

LEGAL ASSISTANT: _____

CLIENT INFORMATION

*** Required Information**

* I.D. TYPE: (remember to make a copy of the form of ID)

- (a) Driver's License: _____
- (b) Birth Certificate: _____
- (c) Passport: _____
- (d) Health Care Insurance Card: _____
- (e) Other (Specify Type): _____

* CLIENT'S FULL NAME: _____

* PRESENT ADDRESS: _____

MAILING ADDRESS: _____

(if different than above) _____

* E-MAIL ADDRESS: _____

* HOME PHONE: _____ * WORK PHONE: _____

FAX: _____ * CELL(or other contact): _____

DATE OF BIRTH: _____ PRESENT AGE: _____

PLACE OF BIRTH: _____



SURNAME AT BIRTH: _____

SURNAME BEFORE THIS MARRIAGE: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____ OTHER: _____

MARITAL STATUS AT TIME OF MARRIAGE: Single__ Widowed__ Divorced__

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

HOW LONG AT THAT EMPLOYER? _____

GROSS ANNUAL INCOME: \$ _____

FREQUENCY OF PAYMENT: Bi-Weekly ____ Bi-Monthly: ____ Monthly: ____

TOTAL INCOME ON LAST TAX RETURN: \$ _____

NET TAXABLE INCOME ON LAST TAX RETURN: \$ _____

OCCUPATION AT MARRIAGE: _____

DO YOU HAVE A VALID WILL: _____

IF SO, WHO ARE THE BENEFICIARIES: _____

WHO IS THE EXECUTOR/EXECUTRIX: _____

DO YOU WANT TO CHANGE YOUR WILL: _____

(If your matter is against an ex-spouse and you have a new spouse, what is your current spouse's name and date of birth:

Name _____

Date of Birth _____

INFORMATION ABOUT YOUR SPOUSE (OPPOSING PARTY)

SPOUSE'S FULL NAME: _____

SPOUSE'S PRESENT ADDRESS: _____

SPOUSE'S HOME PHONE: _____ WORK PHONE: _____

SPOUSE'S DATE OF BIRTH: _____ PRESENT AGE: _____

PLACE OF BIRTH: _____

SURNAME AT BIRTH: _____

SURNAME BEFORE THIS MARRIAGE: _____

MARITAL STATUS AT TIME OF MARRIAGE: Single: ___ Widowed: ___ Divorced: ___

OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

HOW LONG AT THAT EMPLOYER? _____

GROSS ANNUAL INCOME: \$ _____

FREQUENCY OF PAYMENT: Bi-Weekly: ___ Bi-Monthly: ___ Monthly: ___

TOTAL INCOME ON LAST TAX RETURN: \$ _____

NET TAXABLE INCOME ON LAST TAX RETURN: \$ _____

SPOUSE'S OCCUPATION AT MARRIAGE: _____

MARITAL HISTORY:

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

DO YOU HAVE A GOVERNMENT ISSUED MARRIAGE CERTIFICATE: _____

DID YOU LIVE TOGETHER PRIOR TO MARRIAGE, IF SO, WHEN DID YOU START LIVING TOGETHER: _____

IS THERE A PRENUPTIAL OR COHABITATION AGREEMENT: Yes: ___ No: ___

SEPARATION DATE: _____

REASONS FOR SEPARATION: _____

HAVE YOU OR YOUR SPOUSE BEEN RESIDENT IN ALBERTA FOR AT LEAST ONE YEAR? Yes: ___ No: ___

GROUNDS FOR DIVORCE: ___ One year separation (no fault)
 ___ Adultery (committed by your spouse)
 ___ Physical or mental cruelty

DO YOU WANT SUPPORT FOR YOURSELF? Yes: ___ No: ___

AMOUNT: \$ _____

HAVE YOU COMMENCED DIVORCE PROCEEDINGS AGAINST YOUR SPOUSE IN THE PAST? Yes: ___ No: ___

IF YES, WHERE? _____

WHAT WAS DONE ABOUT THE ACTION? _____

DO YOU HAVE ANY DESIRE TO BECOME RECONCILED WITH YOUR SPOUSE?

MEDICAL/DENTAL INSURANCE PREMIUMS: _____

HEALTH RELATED EXPENSES THAT EXCEED INSURANCE: _____

EXTRAORDINARY EXPENSES FOR EDUCATION: _____

POST-SECONDARY EDUCATION: _____

EXTRAORDINARY EXPENSES FOR EXTRACURRICULAR ACTIVITIES. (LIST BY INDIVIDUAL ACTIVITY):

_____ \$ _____

_____ \$ _____

_____ \$ _____

LIFE INSURANCE

DO YOU HAVE LIFE INSURANCE? _____

DEATH BENEFIT PAYABLE _____

IS THERE A CASH SURRENDER VALUE: _____

DOES YOUR SPOUSE HAVE LIFE INSURANCE? _____

DEATH BENEFIT PAYABLE _____

IS THERE A CASH SURRENDER VALUE: _____

MATRIMONIAL HOME			
ADDRESS:			
IN WHOSE NAME:			
(1) MKT VALUE	(2) 1 st MORTGAGE	(3) 2 nd MORTGAGE	EQUITY
	(BALANCE OWING)	(BALANCE OWING)	1-(2+3)
\$	\$	\$	\$

OTHER REAL ESTATE			
ADDRESS:			
IN WHOSE NAME:			
(1) MKT VALUE	(2) 1 st MORTGAGE	(3) 2 nd MORTGAGE	EQUITY
	(BALANCE)	(BALANCE)	1-(2+3)
\$	\$	\$	\$
ADDRESS:			
IN WHOSE NAME:			
(1) MKT VALUE	(2) 1 st MORTGAGE	(3) 2 nd MORTGAGE	EQUITY
	(BALANCE)	(BALANCE)	1-(2+3)
\$	\$	\$	\$

VEHICLES: (include Motor homes, Motorcycles, Snowmobiles, etc.)

Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	
Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	
Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	
Year:	Make/Model:	Value: \$	Debts: \$
Who drives it?		Registered in whose name?	

REGISTERED RETIREMENT SAVINGS PLANS:

Current value:	\$	In who's name?		Where held?	
Current value:	\$	In who's name?		Where held?	
Current value:	\$	In who's name?		Where held?	
Current value:	\$	In who's name?		Where held?	

WHO IS BENEFICIARY OF RSP'S: _____

BANK ACCOUNTS:

In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	

OTHER INVESTMENTS/SAVINGS/TERM DEPOSITS:

In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	
In who's name?		Value:	\$	Where held?	

YOUR EMPLOYMENT PENSIONS:

EMPLOYER: _____

HOW LONG HAVE YOU BEEN CONTRIBUTING: _____

YOUR SPOUSE'S EMPLOYMENT PENSIONS:

EMPLOYER: _____

HOW LONG HAVE THEY BEEN CONTRIBUTING: _____

BUSINESS/CORPORATE INTEREST:

Company or business name:	Who are shareholders/Owners and percentage owned:	Who are Officers/Directors

OTHER ASSETS:

Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$
Description:		Owned By:		Value:	\$

DEBTS:

Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$
Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$
Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$
Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$
Creditor:		Balance Owing:	\$
Security:		Monthly Payment:	\$

WHAT ASSETS AND LIABILITIES DID **YOU** HAVE WHEN YOU GOT MARRIED
 (AND/OR STARTED LIVING TOGETHER) AND WHAT WERE THEY WORTH AT
 THE TIME: _____

WHAT ASSETS AND LIABILITIES DID **YOUR SPOUSE** HAVE WHEN YOU GOT MARRIED (AND/OR STARTED LIVING TOGETHER) AND WHAT WERE THEY WORTH AT THE TIME:

DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY GIFTS OR INHERITANCES FROM ANOTHER PERSON OR RECEIVE A TRUST, AWARD OR INSURANCE SETTLEMENT SINCE YOU STARTED LIVING TOGETHER.

IF SO, DESCRIBE IT, ITS' VALUE, WHEN RECEIVED AND ADVISE WHAT WAS DONE WITH THE GIFT/INHERITANCE /OTHER PAYMENT:

DO YOU HAVE ANY REASON TO CLAIM AN UNEQUAL DIVISION OF PROPERTY ACQUIRED DURING YOUR MARRIAGE?

HAS ANY PROPERTY BEEN SOLD OR TRANSFERRED TO ANYONE IN THE LAST YEAR?

IF YOU WERE TO LOOK AT A YEAR FROM TODAY, WHAT HAS TO HAPPEN IN YOUR PERSONAL AND BUSINESS LIFE FOR YOU TO BE SATISFIED WITH YOUR PROGRESS.
