

File No.: _____

CONFIDENTIAL QUESTIONNAIRE

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

Today's Date: _____

How were you referred to our firm? _____

NAME (in full) Dr. Mr. Mrs. Ms. Miss _____
Surname First Name Middle Name

RESIDENCE ADDRESS

Street Name and Number

Apartment or Unit Number

City

Province

Postal Code

HOME TELEPHONE # () _____

HOME FAX # () _____ Is this a confidential fax? _____ Or should we call you before faxing? _____

CELL # () _____

EMAIL ADDRESS _____

Mailing address if different than above, please provide full details below:

MAILING ADDRESS

Street Name and Number

Apartment or Unit Number

City

Province

Postal Code

EMPLOYMENT INFO

Name of Company or Firm

Street Name and Number

Apartment or Unit Number

City Province Postal Code

YOUR NATURE OF BUSINESS _____

BUSINESS TELEPHONE # (____) _____ Extension # _____

BUSINESS FAX # (____) _____ Is this a confidential fax? _____ Or should we call you before faxing? _____

POSITION HELD _____ How Long? _____

DATE OF BIRTH ____/____/____ BIRTHPLACE _____
Month Day Year City, Province, Country

What is the best way to contact you? Email Cell Phone Home Phone Business Phone

Are there any special instructions for contacting you? (ie. certain times of day, days of the week, don't leave detailed message) _____

**IS THERE ANYONE ELSE WE MAY CONTACT IN AN EMERGENCY IF WE ARE UNABLE TO REACH YOU AT ANY OF THE ABOVE NUMBERS?*

EMERGENCY CONTACT _____ PHONE # (____) _____

OPPOSING PARTY'S NAME (Name in full)

Surname First Name Middle Name

SPOUSE'S RESIDENCE ADDRESS _____

Street Name and Number

Apartment or Unit Number

City Province Postal Code

SPOUSE'S HOME # (____) _____ SPOUSE'S WORK # (____) _____ Ext.# _____

SPOUSE'S EMPLOYMENT _____

Name of Company or Firm

Street Name and Number

Apartment or Unit Number _____

City _____

Province _____

Postal Code _____

SPOUSE'S EMPLOYMENT FAX # (_____) _____

SPOUSE'S EMAIL ADDRESS _____

SPOUSE'S LAWYER'S NAME, ADDRESS & PHONE (if known) _____

SPOUSE'S DATE OF BIRTH _____ / _____ / _____ BIRTHPLACE _____
Month Day Year City, Province, Country

DATE OF MARRIAGE _____ / _____ / _____ PLACE _____
Month Day Year City, Province, Country

If you and your spouse 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: _____

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

FULL NAME (month/day/year)	BIRTHDATE	SCHOOL	GRADE	RESIDE WITH
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List all children of your previous marriage/relationship, including middle name, birthdate, school attending and grade.

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

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

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

Have there been any legal proceedings commenced with respect to the following:

- Separation Divorce Support Custody

When were proceedings commenced? (date) _____

In which court were proceedings commenced? _____

Have any court orders been made? (If so, please provide copies of all court documents) Yes No

Present status of proceedings (ie. any court dates pending, etc.?) _____

If yes, what relief do you seek?

Do you wish to have a divorce commenced? Yes No

If you own a home in joint tenancy with your spouse, do you wish to sever joint tenancy of your home now? _____

Do you and your spouse have joint debts (including credit cards, mortgage, personal loans, line of credit, business debts)? Should these be closed? Please provide details:

Are there any urgent matters that require immediate attention? _____

Has there been any physical or emotional abuse in your relationship? (i.e. Have the police ever been contacted? Any charges laid? Restraining order granted? Do you feel safe or are you fearful of your spouse?)
Please provide details:

Are you interested in attending for professional marriage counseling?

(a) To help you reconcile? Yes No

(b) To help you separate? Yes No

(c) To help you and your spouse communicate better? Yes No

(d) To help your children adjust to your separation? Yes No

MEDIATION:

(a) Have you tried? Yes No

if yes, provide details of outcome: _____

(b) Do you wish to try mediation? Yes No

(c) Do you want to know more about mediation? Yes No

Please list the names, addresses and phone numbers of any professionals, such as an accountant, family doctor, counselor or mental health professional that you have consulted, who maybe of some assistance with your family problem: _____

City or place of Marriage: _____

Do you have an original Marriage Certificate? Yes No

At the time of the marriage, **you** were:

- () never married;
- () a divorced person; Do you have your Divorce Certificate? Yes No
- () a Widow/er; Do you have a Death Certificate? Yes No

At the time of your marriage, **your spouse** was:

- () never married;
- () a divorced person; Do you have your Divorce Certificate? Yes No
- () a Widow/er; Do you have a Death Certificate? Yes No

Surname of Wife just prior to marriage: _____

Wife's surname at her birth: _____

If husband's surname at birth differs from above, state husband's birth surname: _____

How long have you resided in the Municipality in which you now live? _____

How long has your spouse resided in the Municipality in which he/she now lives? _____

Province or Country you were born: _____

Province or Country your spouse was born: _____

How long have you lived in Ontario? _____

How long has your spouse lived in Ontario? _____

Date of entry to Canada: _____

Date of your spouse's entry to Canada: _____

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, WHITE & GOLD LLP
PRIVACY STATEMENT

As of January 1st, 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, WHITE & 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.

WOOD, WHITE & GOLD LLP

Barristers, Solicitors and Notaries Public

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, White & 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, White & Gold LLP, please contact our Privacy Officer at frankie@woodwhitegold.ca.

FRANCES M. WOOD, B.A. LL.B. **RAE K. WHITE, B.A. LL.B.** **JENNIFER GOLD, B.A. LL.B.** **NIDA HUSSAIN, B.A. LL.B.** **AMRITA K. SIDHU, B.A. LL.B.**
FRANKIE@WOODWHITEGOLD.CA RAE@WOODWHITEGOLD.CA JENNIFER@WOODWHITEGOLD.CA NIDA@WOODWHITEGOLD.CA AMRITA@WOODWHITEGOLD.CA

6660 KENNEDY ROAD, SUITE 201, MISSISSAUGA, ONTARIO L5T 2M9
TEL: 905.362.2384 FAX: 905.362.2389
WWW.WOODWHITEGOLD.CA