



DAY + BORG LLP
Barristers & Solicitors
93 Queen Street South
Mississauga, ON L5M 1K7
Tel: (905) 826-5670
Fax: (905) 826-5673
Email: dborg@dayborg.com

CONFIDENTIAL MEMORANDUM – FAMILY INTAKE FORM

Date: _____
Full Legal Name: _____
Other Names Used (if any): _____
Maiden Surname (if Female): _____

CONTACT INFORMATION:

Full Mailing Address: _____

Home: _____ Business: _____ Cell: _____
Email: _____

Who referred you to our firm?

- | | |
|--|--|
| <input type="checkbox"/> Current Client | <input type="checkbox"/> Family / Friend |
| <input type="checkbox"/> Prepaid Legal Assistance Plan | <input type="checkbox"/> Former Client of Richard T. Bennett |
| <input type="checkbox"/> Website / Noticed Office Location | <input type="checkbox"/> Other: _____ |

Date of Birth: *Month* _____ *Day* _____ *Year* _____
Place of Birth: _____
Citizenship: _____
Are you a citizen of any other country?: _____
Immigration Status (*if applicable*): _____
How long have you lived in the region?: _____
Occupation: _____
Employer Name & Address: _____
Salary: _____
Benefits: _____
Income from other sources: _____
Summarized Work History: _____

DETAILS OF SPOUSE:

Full Legal Name: _____
Other Names Used (if any): _____
Maiden Surname (if Female): _____

Date of Birth: *Month* _____ *Day* _____ *Year* _____

Place of Birth: _____

Citizenship: _____

Are you a citizen of any other country?: _____

Immigration Status (*if applicable*): _____

How long has your spouse lived in the region?: _____

Spouse's Occupation: _____

Employer Name & Address: _____

Salary: _____

Benefits: _____

Income from other sources: _____

Spouse's Solicitor: _____

DETAILS OF MARRIAGE/SEPARATION:

Date of Marriage: _____

Place of Marriage: _____

Do you have a marriage certificate?: Yes No

Previous marriages of either yourself or spouse?: _____

Particulars of divorce or death of spouse: _____

If one of the parties has been divorced, is a decree absolute available?: Yes No

Date of separation, if applicable?: _____

CHILDREN:

Names of children & dates of birth:

(1) Name: _____ DOB: _____

(2) Name: _____ DOB: _____

(3) Name: _____ DOB: _____

(4) Name: _____ DOB: _____

Present residence of children: _____

Are your children in school?:

(1) Name: _____ Grade: _____

School: _____

(2) Name: _____ Grade: _____

School: _____

(3) Name: _____ Grade: _____
School: _____

(4) Name: _____ Grade: _____
School: _____

Is there an argument about custody?: Yes No

Daycare arrangements & costs: _____

Medical history of children: _____

Are there any issues regarding the children, that we should be aware of?: _____

ASSETS:

Real Estate:

(1) Principal Residence

Property Address: _____
Registered Owner(s): _____
Date of Purchase: _____
Mortgage Particulars: _____
Current Fair Market Value: _____
Who contributed to the deposit when the house was purchased?: _____
What was the down payment?: _____
Who contributes to the mortgage payments?: _____
Any other contributions directly to the home?: _____

(2) Secondary Residence

Property Address: _____
Registered Owner(s): _____
Date of Purchase: _____
Mortgage Particulars: _____
Current Fair Market Value: _____
Who contributed to the deposit when the house was purchased?: _____
What was the down payment?: _____

Who contributes to the mortgage payments?: _____
Any other contributions directly to the home?: _____

(3) Other Property

Property Address: _____
Registered Owner(s): _____
Date of Purchase: _____
Mortgage Particulars: _____
Current Fair Market Value: _____
Who contributed to the deposit when the house was purchased?: _____
What was the down payment?: _____
Who contributes to the mortgage payments?: _____
Any other contributions directly to the home?: _____

Other Family Assets: (i.e. vehicles, boats, jewellery, artwork, antiques, etc.)

(1) Description: _____	Value: _____
(2) Description: _____	Value: _____
(3) Description: _____	Value: _____
(4) Description: _____	Value: _____

If more space is needed please attach a separate sheet.

Investments: (e.g., term deposits, bonds, securities, stocks etc.)

Details: _____

Investment Advisor: _____
Contact Information (Company's Name, Address & Telephone No.): _____

If more space is needed please attach a separate sheet

Bank Accounts:

(1) Name of Bank: _____
Account Number: _____ Type of Account: _____
Account Balance: _____

(2) Name of Bank: _____
Account Number: _____ Type of Account: _____
Account Balance: _____

(3) Name of Bank: _____
Account Number: _____ Type of Account: _____
Account Balance: _____

If more space is needed please attach a separate sheet.

Life Insurance:

(1) Private Coverage

Name of Insurance Company: _____
Policy Number: _____
Face Value: _____
Beneficiary Designation: _____

Name of Insurance Company: _____
Policy Number: _____
Face Value: _____
Beneficiary Designation: _____

(2) Group Coverage

Employer's Name: _____
Address: _____
Contact: _____
Telephone: _____ Fax: _____ Email: _____
Policy Number: _____
Face Value: _____
Beneficiary Designation: _____

Disability Insurance, Pension Plans, RRSPs, RHOSPs, etc.

(1) Description: _____
Amount: _____
Named Beneficiary (if any): _____

(2) Description: _____
Amount: _____
Named Beneficiary (if any): _____

(3) Description: _____
Amount: _____
Named Beneficiary (if any): _____

If more space is needed please attach a separate sheet.

Are tax returns available?: Yes No

Have you or your spouse recently received an inheritance?: _____

LIABILITIES:

Loan(s): _____

Credit Card(s): _____

Line(s) of Credit: _____

Other Significant Debt(s): _____

OTHER PROCEEDINGS:

Dates & Durations of Previous Separations: _____

Other Legal Proceedings: _____

Existing Separation Agreement: _____

Existing Financial/Living Arrangements: _____

CSG Calculations: _____

SSAG Calculations: _____

NOTES:
