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CLIENT INTAKE QUESTIONNAIRE

*Thank you for taking the time to complete this form to the best of your abilities.
Please provide additional details or comments wherever appropriate.*

Date: _____

Your Full Name: _____

Spouse's Full Name: _____

Spouse's Lawyer's Name: _____

I was referred to your office by: _____

YOU

Complete Mailing Address: _____

Previous address: _____

(If at current address for less than 3 years)

Phone Numbers

May we call you at home? _____

(Home): _____

(Work): _____

(Cell): _____

Email Addresses

May we email you? _____

E-mail address 1: _____

E-mail address 2: _____

Social Insurance Number: _____

Date of birth: _____

Place of birth: _____

Lived in Ontario since: _____

Employment

Employer: _____

Address: _____

Title/Occupation: _____

Length of Employment: _____

Previous Employment: _____

Income from employment: _____

Income from other sources: _____

Are you a member of a pension plan?: _____

Please describe your physical and mental health:

YOUR SPOUSE

My spouse is my (choose one): Husband - Wife – Common Law Partner – Parent of Child

Complete Mailing Address: _____

Previous address: _____
(If at current address for less than 3 years)

Phone Numbers

(Home): _____

(Work): _____

(Cell): _____

Email Addresses

E-mail address 1: _____

E-mail address 2: _____

Social Insurance Number: _____

Date of birth: _____

Place of birth: _____

Lived in Ontario since: _____

Employment

Employer: _____

Address: _____

Title/Occupation: _____

Length of Employment: _____

Previous Employment: _____

Income from employment: _____

Income from other sources: _____

Is your spouse a member of a pension plan?: _____

Please describe your spouse's physical and mental health:

RELATIONSHIP

Date of Start of Cohabitation: _____

Date of Marriage: _____

Place of Marriage: _____

Do you have a marriage certificate? _____

Date of separation: _____

Is this in dispute? _____

CHILDREN

1. Child's Full Name: _____

Date of birth: _____

Grade and school: _____

Child's residence / schedule: _____

Special needs or circumstances:

2. Child's Full Name: _____

Date of birth: _____

Grade and school: _____

Child's residence / schedule: _____

Special needs or circumstances:

3. Child's Full Name: _____

Date of birth: _____

Grade and school: _____

Child's residence / schedule: _____

Special needs or circumstances:

Are there any agencies involved with your children? *Please provide details.*

PREVIOUS RELATIONSHIPS

If you or your spouse was previously married or in a common-law relationship, please provide details.

Do you have copies of any previous divorce orders or judgments?

If you or your spouse has children from a previous relationship, please provide details including full names, ages, where they are residing and arrangements for child support:

OTHER INFORMATION

List your and your spouse's life insurance policies, health and medical benefit plans, company benefits, etc.

Have you and your spouse or children ever been involved in a court case? If so, please provide details?

Are you or is your spouse presently in a new relationship with anyone? Please provide details.

Do you and your spouse have any written or verbal agreements dealing with any matter in this case (e.g., prenuptial, marriage, cohabitation or separation agreement)?

Please list any issues that you feel may be contentious and why.

Is there any other information about your case that we should have?
