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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:**

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**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:

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**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: \_\_\_\_\_

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Special needs or circumstances:

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2. Child's Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade and school: \_\_\_\_\_

Child's residence / schedule: \_\_\_\_\_

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Special needs or circumstances:

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3. Child's Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade and school: \_\_\_\_\_

Child's residence / schedule: \_\_\_\_\_

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Special needs or circumstances:

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

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**PREVIOUS RELATIONSHIPS**

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

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

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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:

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**OTHER INFORMATION**

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

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

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

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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)?

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

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

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