

# Taafe Law

## Professional Corporation

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## Family Intake Form

Please complete this form to assist our office in opening your file and preparing documents for your matter.  
All information will be held in confidence.

**DATE COMPLETED:**

Month / Day / Year

**Personal Information:**

1. Name:  Dr.  Mr.  Mrs.  Ms.

Surname / First/Given Name / Middle Name(s)

2. Address:

No. & Street / Apt/Unit #

City/Town / Province / Postal Code

Telephone:

Cell:

Fax:

Email:

Other (specify):



2. Address: No. & Street / Apt/Unit #  
City/Town / Province / Postal Code  
Telephone: Cell:  
Fax: Email:

3. Other (specify):

4. Income from  
all Sources:

5. Date of Birth: Month / Day / Year

Birth Place: City / Town / Country

6. S.I.N.

In Ontario  
since: Month / Day / Year

7. Spouse's Solicitor (if known):

8. Spouse's Mother's Maiden Name (if known):

**Children (please list all of your children, regardless of age, in descending order of age):**

1.

Surname                      First/Given Name                      Other Given Names                      DOB (mm/dd/yyyy)

Grade, Name & Address of School Attended

Was this child born of the relationship that is the subject of this matter?                       Yes                       No

2.

Surname                      First/Given Name                      Other Given Names                      DOB (mm/dd/yyyy)

Grade, Name & Address of School Attended

Was this child born of the relationship that is the subject of this matter?                       Yes                       No

3.

Surname                      First/Given Name                      Other Given Names                      DOB (mm/dd/yyyy)

Grade, Name & Address of School Attended

Was this child born of the relationship that is the subject of this matter?                       Yes                       No

4.

Surname                      First/Given Name                      Other Given Names                      DOB (mm/dd/yyyy)

Grade, Name & Address of School Attended

Was this child born of the relationship that is the subject of this matter?                       Yes                       No

**Particulars of Relationship:**

1.  Married  Not Married  Same-sex partners

2. Commenced Cohabitation on:  
Month / Day / Year

3. Married on:  
Month / Day / Year

Place of marriage:  
City / Town / Country

4. Separated on:  
Month / Day / Year

Existing Separation Agreement?  Yes  No

The children (if any) reside with?  Me  Other Party

Other (specify):

5. My surname before marriage  
if different?

6. Other party's surname before  
marriage, if different?

7. At the time of marriage I was?  
 Never married  Divorced  Widowed

Other party was?  
 Never married  Divorced  Widowed

8. I believe my matter concerns:

Divorce

Custody

Child support

Spousal Support

Access

Division of property

Enforcement

Variation

Other (specify):

**History of relationship:**

9. Currently, I

Have a Will

Need to have a Will prepared or revised

10. I became aware of Taafe Law through:

Referral by:

Friend

Organization

Other lawyer

Other (specify):