



TAAFE LAW

Professional Corporation

Lesley Taafe, B.A. (Honours), LL.B.

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. Your Name: Dr. Mr. Mrs. Ms.

Surname First Name Middle Name(s)

2. Address: _____
No. & Street Apt/Unit #

City/Town Province Postal Code

Tel: (_____) _____ Cell: (_____) _____

Fax: (_____) _____ Email: _____

Other (specify): _____

3. Mailing Address: (if different from above) _____
No. & Street Apt/Unit #

City/Town Province Postal Code

4. Occupation: _____

5. Income from all Sources: _____

* **CALL BEFORE SENDING ANY MATERIAL TO MY OFFICE BY FAX**

6. Date of Birth: _____
Month Day Year

Birth Place: _____
City/Town Country

7. S.I.N _____ - _____ - _____

In Ontario since: _____
Month Day Year

Other Party/Spouse's Information:

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

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

2. Address: _____
No. & Street Apt/Unit #

City/Town Province Postal Code

Tel: (_____) _____ Cell: (_____) _____

Fax: (_____) _____ Email: _____

3. Occupation: _____

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 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 Divorced

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 the 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): _____