

JARVIS LAW

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New Client Intake Form

Date of Visit: ____/____/____ **Full Legal Name:** _____
(dd) (mm) (yy)

Referred by (if applicable): _____

Action to be taken: _____

Legal Aid: YES ____ NO ____

Urgent: YES ____ NO ____

CLIENT PERSONAL INFORMATION

Date of Birth: ____/____/____ **Place of Birth:** _____
(dd) (mm) (yy)

Citizenship (if it's not Canadian or is dual): _____

Surname at birth/Maiden name: _____

Surname before Marriage (if different from surname at birth): _____

Current Home Address: _____

Since when/ How long have you lived there? _____

Current Mailing Address (if different from Home Address) :

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Fax No. : _____

Email: _____

Divorced Before: YES NO

If YES, Place and Date:

SPOUSE/Common LAW PARTNER INFORMATION

Full Legal Name: _____

Date of Birth: ____/____/____ Place of Birth: _____
(dd) (mm) (yy)

Citizenship (if it's dual or not Canadian): _____

Surname at birth/Maiden name: _____

Surname before Marriage (if different from surname at birth): _____

Current Home Address: _____

Since when/ how long have they lived there? _____

Current Mailing Address (if different from Home Address) :

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Fax No. : _____

Email: _____

Divorced Before: YES NO

If YES, Place and Date:

Spouse's Counsel and Contact Information:

Have the police ever been called to your place of residence/the matrimonial home?

YES

NO

Details:

Do you or your common law partner/spouse have a criminal record?

YES, I do

NO, I don't

YES, they do

NO, they don't

Details:

CLIENT INCOME STATEMENT

Who is your current employer (if applicable):

What is your position there? What is their address?

What is your current annual income from your employment?

Do you have any income coming from sources other than your employer?(I.E. a Pension/ CPP or EI, Ontario Works, Child Tax Credits, Trillium Benefits, UCC, Disability

payments, Investment or Interest Income, Trust Income, Self Employed, Support?)
YES NO

Details:

SPOUSE INCOME

Who is your spouse's/ common law partner's current employer?

What is their position there? What is their address?

What is their current annual income from their employment/Employer?

Do they receive income from sources other than their employer? (I.E. A pension/ CPP or EI?) YES NO

Details:

MATRIMONIAL HOME

Address (if it is not currently where you are residing):

RENT / OWN Whose name is on the Title? _____

Value of Matrimonial home: _____

Mortgage details:

EXCLUDED PROPERTY

Property received by you during the marriage:

Property received by your spouse or common law partner during the marriage:

CHILDREN

NAME	DATE OF BIRTH	WHO ARE THEY LIVING WITH?	GRADE, SCHOOL NAME

Do the Children have any medical, dental, health, psychological, educational or developmental requirements or needs that are or are not being met? Are any of the children disabled (including Learning disabilities, physical, emotional or psychological impairments) or require counseling or specialized services? Please provide details below.

SPECIAL AND EXTRAORDINARY EXPENSES

Medical/Dental/Orthodontic/Counseling/Speech and Language Therapy etc):

Private School/Tutoring/Educational Expenses (school trips) / Post-Secondary Expenses (tuition, residence, meal plan, off campus rent, food, transportation):

Day Care/Child Care/Babysitting:

Extracurricular Activities (soccer, baseball, gymnastics, art, music, hockey etc):

OTHER:
