



## Family Duty Counsel Client Information Form

Date (dd/mm/yyyy): \_\_\_\_\_

### **A. Names, addresses, and phone numbers of parties:**

Your first name: \_\_\_\_\_ Middle name(s): \_\_\_\_\_

Your last name: \_\_\_\_\_

If you use or are known by any other name, what is it? \_\_\_\_\_

Your street number and name: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

client phone number (home): \_\_\_\_\_ client phone number (other): \_\_\_\_\_

Your birth date (dd/mm/yyyy): \_\_\_\_\_ Gender:  M  F

Is your NET income over \$3,000/month (NET 36,000/year)?  Y  N

Do you have a lawyer?  Y  N

Other party's first name: \_\_\_\_\_ Middle name(s): \_\_\_\_\_

Other party's last name: \_\_\_\_\_

If he or she uses or is known by any other name, what is it? \_\_\_\_\_

Other party's address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Other party's birth date (dd/mm/yyyy): \_\_\_\_\_ Gender:  M  F

What is this person's relationship to you? \_\_\_\_\_

Does this party have a lawyer?  Y  N

Name of the lawyer (if yes) \_\_\_\_\_

### **B. Information about you:**

Current marital status: \_\_\_\_\_ Date of marriage (if applicable): \_\_\_\_\_

Date you started cohabitating (living together), if applicable: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Are there any written or oral agreements between you and the other party?:

Y  N

**C. Information about your children:**

Last Name:      First Name:      Birthdate:      Birthplace:      Resides with you (yes or no)      Name of the parent:


Does your spouse have any other children? If yes, please complete the following:

Last name:      First Name:      Birthdate:      Birthplace:      Resides with Client (yes or no)      Name of other parent:


**D. Information about your case:**

Are any of the following involved in your legal matter?

- Family Maintenance Enforcement Program?
- BC Employment and Assistance (Income Assistance)
- Ministry of Children and Family Development:
- Have you seen Family Duty Counsel before:     Y     N

If this matter has been to court, at which courthouse? \_\_\_\_\_

What is the court file number? \_\_\_\_\_

Is there any other information you feel is important to your case?

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