



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 Name of other
(yes or no) 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?
