

# Marie Nickle LL.B LL.M Acc.Fm

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## NEW CLIENT INFORMATION INTAKE FORM

LAST NAME \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

Apt. \_\_\_\_\_

City & Province \_\_\_\_\_

Postal Code \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name of Company where you are employed \_\_\_\_\_

Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Length of time employed at this company \_\_\_\_\_

Gross annual income \_\_\_\_\_

Telephone number during the day \_\_\_\_\_

Home phone \_\_\_\_\_

Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_

SIN Number \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Date commenced Cohabitation \_\_\_\_\_

Place of Marriage \_\_\_\_\_

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

Wife has resided in (city) \_\_\_\_\_

Since \_\_\_\_\_

Husband has resided in (city) \_\_\_\_\_

Since \_\_\_\_\_

Dates of attempted reconciliation since date of separation:

\_\_\_\_\_

The marital status of the spouses at the time of marriage was (i.e. single, divorced):

Wife \_\_\_\_\_  
Husband \_\_\_\_\_

Give details of previous divorce:

Court \_\_\_\_\_  
Year \_\_\_\_\_  
File No. \_\_\_\_\_

Court \_\_\_\_\_  
Year \_\_\_\_\_  
File No. \_\_\_\_\_

Do you have previous divorce decrees \_\_\_\_\_

Wife's surname before marriage \_\_\_\_\_  
Wife's surname at birth \_\_\_\_\_

Do you have your marriage certificate \_\_\_\_\_

Do you have any health problems \_\_\_\_\_

If so, explain \_\_\_\_\_

Names, addresses and telephone numbers of Doctors that you are seeing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **INFORMATION REGARDING SPOUSE**

SPOUSE'S NAME (including all given names) \_\_\_\_\_

CURRENT ADDRESS: Street \_\_\_\_\_  
Apt. \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Home Phone No. \_\_\_\_\_

Name of company where spouse is employed \_\_\_\_\_

Address \_\_\_\_\_

Gross Annual Income \_\_\_\_\_

Business Phone \_\_\_\_\_

Spouse's date of birth \_\_\_\_\_

Spouse's place of birth \_\_\_\_\_

SIN No. \_\_\_\_\_

Does your spouse have any health problems \_\_\_\_\_

If so, explain \_\_\_\_\_

Names, addresses and telephone numbers of Doctors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you come to this office \_\_\_\_\_

**INFORMATION REGARDING CHILDREN**

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
School and Grade \_\_\_\_\_

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
School and Grade \_\_\_\_\_

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
School and Grade \_\_\_\_\_

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
School and Grade \_\_\_\_\_

Any special problems with children, including any health problems:

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Names, addresses and telephone numbers of any Doctors seen by the children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who do children live with \_\_\_\_\_

For how long \_\_\_\_\_

What are the current access arrangements:

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Are there any problems? Explain:

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Have any previous Court actions been commenced:

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, give details (when, where, by whom, result)

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The dates of any written Separation Agreement between the parties:

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Is there any possibility of reconciliation?

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Have you and/or your spouse received any professional counselling with respect to your family situation:

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, give details \_\_\_\_\_

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Does your spouse have a lawyer:

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, name and address of lawyer \_\_\_\_\_

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Have you filed Tax Returns of the last 3 years? \_\_\_\_\_

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