

SEEGER LAW OFFICES

◆ Family Law ◆



CONFIDENTIAL CLIENT INFORMATION FORM

The following information is important in providing accurate details for future Court Documents as well as appropriate mailing protocol. Family Law is a very confidential area of Law- If you do not wish to have correspondence/documents/Statements of Account sent to your Home Residence PLEASE INDICATE SAME. Please print clearly and answer all questions fully and to the best of your ability.

Client Name: _____
First Middle Last

Client Address: _____
Apt. Number/P.O Box Street City Province

Y / N Y / N
Postal Code Is this a Home Address? (Circle one) Can we mail correspondence to this address?

If No to above: _____
Alternate Address for service:

Client Date of Birth (Day/Month/Year): _____ **Place of Birth:** _____

Resident in British Columbia Since: _____

Client Home Phone: (_____) _____ **Client Cell Phone:** (_____) _____

Client Work Phone: (_____) _____ **Client E-mail:** _____

Can we leave a Voicemail? Y / N **Which is the best method of Contact?** _____

Alternate E-mail: _____ **Client Fax:** (_____) _____

Extra Notes: _____

Name of Employer: _____ **Position held:** _____

Work Address: _____
Street City Province Postal Code

What is your current work schedule?(ie: out of town 2 weeks on 1 off, shift work, Mon-Friday 9-5):

Client's approximate Income: _____ **Other sources of income:** _____

Opposing party or _____
First Middle Last

Spouse/Partner Name: _____
(circle one)

Their Address: _____
Apt. Number/ P.O. Box Street City Province

Postal Code **Their Contact No.:** (_____) _____

Their E-mail: _____ **Can they be contacted by our office?** Yes No

Name of Employer: _____ **Position held:** _____

Work Address: _____
Street City Province Postal Code

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Their Approximate ANNUAL Income: _____ **Other sources of income:** _____

Their Birthdate (Day/Month/Year): _____ **Their Birthplace:** _____

Are they a Resident of British Columbia? Yes No **If so, since which date:** _____

Do they have a Lawyer? Yes No

If so, what is the name of their Lawyer?: _____ **Firm?:** _____

Please check all that apply:

Are you currently: Married Common-Law Separated Divorced Widowed Single

Current status of your spouse/partner or opposing party:

Married Common-Law Separated Divorced Widowed Single

Is Violence an issue or are you worried for your safety and/or the safety of your children? Yes No

Marriage Information:	You and your Spouse/opposing party began living together on: _____ Separated on: _____ Date of Marriage: _____ Place of Marriage: _____ Wife's Maiden Name: _____ Wife's Surname at date of Marriage: _____ Husband's Surname at Birth: _____ Have you been married before?: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Date of previous divorce: _____ Place of previous divorce: _____ Has your Spouse/opposing party been married before?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was your spouse's/opposing party's surname during that marriage? _____				
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	Full Name(s) of Child/ren	Birth Date dd/mm/yy	Now living with	Relationship to Self	Relationship to Spouse
Children:					

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General:	Who is currently residing in the Matrimonial Home? _____ Approximate value of the home today? _____ Whose name(s) are on Title? _____ Have you attended Marriage Counseling? _____ If yes, to Marriage Counseling, with whom? _____ Do you think Marriage Counseling would be helpful? Why or Why Not? _____ _____ Have you attended Mediation or Fairview Divorce Solutions: _____ _____			
Have you signed a cohabitation agreement, separation agreement or other document dealing with rights between you and your spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: _____ _____ _____				
Have there been any court proceedings between you and your spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details: _____ _____ _____				
State your expectations as to what you hope your lawyer to achieve for you: _____ →	_____ _____ _____			

How did you hear about us?

Word of mouth or friend, if so name of person: _____

Website, if so what site? _____

Date: _____

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