

Form to be Completed by Client in Office Reception Area

Campbell Law and Dispute Resolution
Barristers & Solicitors
Client Information Record

Please complete this form to assist our office in opening your file and preparing documents for your matter. All information will be held in confidence.

Date Completed:

Month Day Year

Personal Information:

1. Your Name: Dr. Mr. Mrs. Ms.

Surname First/Given Name Middle/Other
Given Name(s)

2. Residence
Address:

No. & Street Apt/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Cell/Pager No: _____ Other: _____

3. Mailing
Address:
(if different)

No. & Street Apt/Unit #

City/Town, Province Postal Code

4. Occupation: _____

5. Business
Address: _____
Name Dept/Division/Other

No. & Street Suite/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Cell/Pager No: _____ Fax:* _____

* **CALL BEFORE SENDING ANY MATERIAL TO MY OFFICE BY FAX**

6. Birth date _____
Month Day Year

Birthplace: _____
City Town Country

7. S.I.N. _____ - _____ - _____

In Ontario since: _____
Month Day Year

Other Party/Spouse's Information:

1. Spouse's Name: Dr. Mr. Mrs. Ms.

Surname First/Given Name Middle/Other Given Name(s)

2. Residence Address: _____
No. & Street Apt/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Cell/Pager No: _____ Fax: _____

3. Occupation: _____

4. Business Address: _____
Name Dept/Division/Other

No. & Street Suite/Unit #

City/Town, Province Postal Code

Telephone: _____ Email: _____

Cell/Pager No: _____ Fax: _____

5. Birth date _____
Month Day Year

Birthplace: _____
City Town Country

6. S.I.N. _____ - _____ - _____

In Ontario
since:

Month

Day

Year

7. Spouse's Solicitor (if known):

8. Spouse's Mother's Maiden Name (if known):

Children (Please list all your children, regardless of age):

1.

Surname

First/Given
Name

Other Given
Names

Birthdate
(MM/DD/YY)

Grade, Name & Address of School Attended

Was this child born of the relationship which is the subject of this matter?

Yes No

2.

Surname

First/Given
Name

Other Given
Names

Birthdate
(MM/DD/YY)

Grade, Name & Address of School Attended

Was this child born of the relationship which is the subject of this matter?

Yes No

3.

Surname

First/Given
Name

Other Given
Names

Birthdate
(MM/DD/YY)

Grade, Name & Address of School Attended

Was this child born of the relationship which is the subject of this matter?

Yes No

3. **Married on:**

Month Day Year

Place of marriage:

4. **Separated on:**

Month Day Year

Existing Separation
Agreement?

Yes No

The children (if any) are
residing with?

Me Other party Other

5. My surname before marriage
(if different)?

6. Other party's surname before
marriage, if different?

7. At the time of the marriage
I was:

- Never married
- Divorced
- Widowed

Other party was: never married

- Never married
- Divorced
- Widowed

8. I believe my matter concerns:

- divorce custody child support
- spousal support access division of property
- enforcement variation other:

9. Currently, I

- Have a Will
- Need to have a Will prepared or revised

10. I became aware of **Campbell Law and Dispute Resolution** through:

Referral by friend

Referral by organization

Referral by other lawyer

Other: