miller caron
family lawyers
practising in association

NEW CLIENT INTAKE FORM

INITIAL QUESTIONS

What do you need assistance with? (circle all that apply)	Adoption	Child Custody	Child Access	Child Support	Spousal Support	Divorce	Marriage Contracts	Matrimonial Law	Property Division	Separation Agreements
	Mediation	Arbitration	Other							
Today's Date	Month		Day		Year					
Have you been served with any court documents? If so which documents and on what date?										
What are your **most pressing concerns**?										

YOUR VITAL STATISTICS

Legal Name (last)		Surname at Birth	
Legal Name (first)		Legal Name (middle)	
Date of Birth	Month / Day	Year	
Name Prior to Marriage			
Were you divorced prior?			

REFERRAL INFO

How did you find out about us? (Google/Referral/Advertisement)	

miller caron
family lawyers
practising in association

NEW CLIENT INTAKE FORM

Who referred you to us? (if anyone)	

YOUR CURRENT HOME ADDRESS & CONTACT INFO

Street Address			City/Town		
Province			Postal		
Home Phone	Area Code	Number	Cell No.	Area Code	Number
Work Phone	Area Code	Number	FAX No.	Area Code	Number
Email address			Is this the matrimonial home?	YES	NO

YOUR CURRENT MAILING ADDRESS (if different than above)

Mailing Address		City/Town	
Province		Postal	
PO Box		RR # / Other	

YOUR CURRENT OR PAST LEGAL ISSUES

Are there any court proceedings **in progress now** for/against you?	
Have you had **any prior court proceedings** for any reason? And if so, what were they for?	
Have any **written agreements** been made, such as marriage contracts, separation agreements, wills, etc.?	

YOUR CURRENT OR PAST LEGAL ISSUES

If there are children, are there any special needs or health concerns we should be aware of for any of them?	
Is there **anything else** we should know that may impact your case?	
Additional questions or notes for us to take into account	

miller caron
family lawyers
practising in association

NEW CLIENT INTAKE FORM

SPOUSE/PARTNER'S VITAL STATISTICS

Legal Name (last)			
Legal Name (first)		Legal Name (middle)	
Surname at Birth			
Date of Birth	Month	Day	Year
Name Prior to Marriage		Were they divorced before?	

SPOUSE/PARTNER'S HOME ADDRESS & CONTACT INFO

Street Address			City/Town		
Province			Postal		
Home Phone	Area Code	Number	Cell No.	Area Code	Number
Work Phone	Area Code	Number	FAX No.	Area Code	Number
Email address					

SPOUSE/PARTNER'S MAILING ADDRESS (if different than above)

Mailing Address		City/Town	
Province		Postal	
PO Box		RR # / Other	

YOUR RELATIONSHIP HISTORY

Date of Marriage	Month	Day	Year	
Date You Started Living Together	Month	Day	Year	
Place of Marriage			Marriage Certificate	ORIGINAL PHOTOCOPY
Date of Separation	Month	Day	Year	
Date of Divorce	Month	Day	Year	
Other Notes				

MARRIAGE/COHABITATION INFORMATION

Date of Marriage	Month	Day	Year	
Date You Started Living Together	Month	Day	Year	
Place of Marriage				
Marriage Certificate	ORIGINAL	PHOTOCOPY		
Date of Separation	Month	Day	Year	
Reasons for Separation				
Any other information you feel is useful to us				

CHILD #1 : INFORMATION

Legal Name (last)					
Legal Name (first)				Legal Name (middle)	
Child Is Now Living With				Adopted?	
Date of Birth	Month	Day	Year	Place of Birth	
Grade Level		Current School			
Any special concerns/issues?					

CHILD #2 : INFORMATION

Legal Name (last)					
Legal Name (first)				Legal Name (middle)	
Child Is Now Living With				Adopted?	
Date of Birth	Month	Day	Year	Place of Birth	
Grade Level		Current School			
Any special concerns/issues?					

CHILD #3 : INFORMATION

Legal Name (last)					
Legal Name (first)				Legal Name (middle)	
Child Is Now Living With				Adopted?	
Date of Birth	Month	Day	Year	Place of Birth	
Grade Level		Current School			
Any special concerns/issues?					

CHILD #4 : INFORMATION

Legal Name (last)					
Legal Name (first)				Legal Name (middle)	
Child Is Now Living With				Adopted?	
Date of Birth	Month	Day	Year	Place of Birth	
Grade Level		Current School			
Any special concerns/issues?					

miller caron
family lawyers
practising in association

NEW CLIENT INTAKE FORM

OTHER INFORMATION OR QUESTIONS FOR US

FOR OFFICE USE ONLY

Date of Initial Consult	Month	Day	Year		
Assigned Lawyer				Assistant	
Date of Retainer	Month	Day	Year	Docket ID	
Follow-Up Appointment	Month	Day	Year	Client ID	
Case Notes					

this form protected when completed.

visit our website at www.mcpfamilylaw.ca
for more forms and information.