



9831-107 Street  
Westlock, Alberta T7P 1R9  
Phone: 780-349-5366 / Fax: 780-349-6510

## ***DIVORCE OR SEPARATION – CLIENT PROFILE***

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We are happy to assist you.

If you complete this Questionnaire and gather the listed financial documents before meeting with us, we will be able to handle your matter more efficiently.

A \$2500.00 retainer is generally required for us to open your file. Please contact our office if you would like to discuss this further.

Please complete all sections of the questionnaire that relate to your situation. The financial documents are important. If you cannot provide them, please note down what the barriers are.

A marriage certificate can be obtained at any registry office (such as Drayden Insurance in Westlock), and is required for any court action and for divorce.

If you have children under the age of 16 and are married you will need to ensure that you are signed-up for the Parenting After Separation Course. This is also required by the Courts.

Appendices “A” and “B” help us to determine a fair division of property. The budget in Appendix “C” may be required for spousal, partner, or child support. Estimates are sufficient.

Payment of your retainer may be arranged by contacting our reception at (780) 349-5366. Please note that, after we open your file, we charge by the hour which includes time spent in communications such as email and phone calls.

Do not hesitate to contact us at any time if you have questions or concerns.

Yours truly,

**PROPERZI TIMS**

<b>DIVORCE OR SEPARATION CLIENT PROFILE</b>	
<b>GENERAL INFORMATION</b>	
Today's Date*	
<b>Your information</b>	
Full Legal name (including middle)*	
Current Address (including Town & Postal)*	
Telephone Number*	
Work Phone Number	
Date of Birth*	
Place of Birth*	
Last Name at Date of Birth*	
Have you been residing in Alberta for the last year?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status Prior to your Marriage*	<input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>Your spouse's information</b>	
Full Legal name (including middle)*	
Current Address (including Town & Postal)*	
Telephone Number	
Last Name of Spouse at Birth*	
Date Birth of Spouse*	
Place of Birth of Spouse*	
Has your Spouse been residing in Alberta for the last year?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Marital Status Prior to your Marriage*	<input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Spouse's Lawyer Name	
Lawyers Address	
Lawyers Phone Number	
<b>Relationship information</b>	
Approx. Date you started living together*	
Approx. Date of Separation*	
Place of Separation*	
Date of Marriage*	
Place of Marriage*	

**\* Mandatory information needed**

<b>CHILDREN</b>	
Full Names of Children (including middle)*	Birth Dates of Children
How are you proposing significant decisions about the children be made?	<input type="checkbox"/> Input of both parents <input type="checkbox"/> One parent only
Have you taken the <b>Parenting After Separation Course (PAS)</b> ? (required for married persons before Court or a divorce is granted if children under 16 years of age)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Course: _____
<b>FINANCIAL SUPPORT OF CHILDREN</b>	
Are you seeking Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, has an amount or arrangement been agreed to?	<input type="checkbox"/> _____ pays \$_____ per month, spouse pays _____% of additional expenses. <input type="checkbox"/> Other: _____ _____
<b>PARENTING ARRANGEMENTS</b>	
Has an agreement been reached with respect to access to the children? If yes, what is the agreement?	
If not, what parenting arrangement are you seeking?	<input type="checkbox"/> Primary residence with you, _____ with spouse. <input type="checkbox"/> Primary residence with spouse, _____ with you. <input type="checkbox"/> Alternating week-to-week, transitioning on _____ (day) at __:____.m. (time). <input type="checkbox"/> Supervised access to spouse on _____ (day) at __:____.m. (time). <input type="checkbox"/> No access to spouse <input type="checkbox"/> Other: _____ _____ _____ _____

<b>YOUR EMPLOYMENT INFORMATION</b> (all mandatory)	
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	
Approximate Gross Monthly Income	\$ _____
Payment frequency (monthly, weekly)	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____
Other sources of income	<input type="checkbox"/> Dividends/Investments <input type="checkbox"/> Bonus <input type="checkbox"/> RRSPs <input type="checkbox"/> Other business or farming income <input type="checkbox"/> CPP <input type="checkbox"/> Private pension <input type="checkbox"/> Other: _____
Total Taxable income last year ( <b>T4 - Line 150</b> )	\$ _____
Net Taxable Income last year ( <b>T4 - Line 236</b> )	\$ _____
Expected total annual earnings this year	\$ _____
<b>SPOUSE'S EMPLOYMENT INFORMATION</b> (all information known, approximations sufficient)	
Is your spouse employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	
Approximate Gross Monthly Income	\$ _____
Payment frequency (monthly, weekly)	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____
Other sources of income	<input type="checkbox"/> Dividends/Investments <input type="checkbox"/> Bonus <input type="checkbox"/> RRSPs <input type="checkbox"/> Other business or farming income <input type="checkbox"/> CPP <input type="checkbox"/> Private pension <input type="checkbox"/> Other: _____
Total Taxable income last year ( <b>T4 - Line 150</b> )	\$ _____
Net Taxable Income last year ( <b>T4 - Line 236</b> )	\$ _____
Expected total annual earnings this year	\$ _____
<b>SPOUSAL SUPPORT</b>	
Are you seeking Spousal Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is your spouse seeking Spousal Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes to either, has an amount or arrangement been agreed to?	<input type="checkbox"/> _____ pays \$ _____ per month. <input type="checkbox"/> Other: _____

**HISTORY**

Have you and your spouse entered into any verbal or written agreements? (provide details)

Have there been any previous court proceedings? (provide details)

Are you now cohabiting with anyone?

Have you made any efforts to reconcile with your spouse? If yes, provide particulars.

Is there any possibility of reconciliation?

Yes       No

Do you fear that your spouse may harm yourself, your children, or any family members?

No       Yes, because: \_\_\_\_\_  
\_\_\_\_\_

Do any of these circumstances apply?

Separated for over one year     Adultery  
 Physical or mental cruelty, details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MANDATORY DOCUMENTATION

Unless we are merely drafting an arrangement that has already been settled, we require each of the following documents which apply to your circumstances.

<input type="checkbox"/>	<b>Marriage Certificate</b> (can be obtained from any registry, such as Drayden Insurance)
<input type="checkbox"/>	Photograph of your Spouse
<input type="checkbox"/>	<b>Tax Returns</b> for last 3 years (or, if not filed, copies of T4, T4A and all other relevant tax slips and statements disclosing any and all sources of income for the year)
<input type="checkbox"/>	<b>Notices of Assessment</b> from CRA for last 3 years
<input type="checkbox"/>	<b>Pay stubs</b> from employer for last 3 months
<input type="checkbox"/>	<b>Bank Account</b> Statements and cancelled checks for last 6 months (sole and joint)
<input type="checkbox"/>	<b>Credit Card</b> Statements for last 6 months, including Department Store Cards (sole and joint)
<input type="checkbox"/>	List and receipts for <b>child expenses</b> you are claiming against the other parent (child care, medical and dental insurance, health-related that exceed insurance reimbursement by at least \$100 annually, educational, post-secondary educational, extra-curricular)
<input type="checkbox"/>	<b>Parenting After Separation</b> Seminar Certificate (required for married persons before Court or a divorce is granted if children under 16 years of age)

<b>If you have received:</b>	<b>Then we require:</b>
RRSP/RESP	<input type="checkbox"/> Statements for last 3 months.
Pension	<input type="checkbox"/> Most recent statement.
Term Deposit Certificates	<input type="checkbox"/> Most recent statement.
Guaranteed Investment Certificates (GICs)	<input type="checkbox"/> Most recent statement.
Stocks/Shares	<input type="checkbox"/> Most recent statement.
Any other investment	<input type="checkbox"/> Most recent statement.
EI	<input type="checkbox"/> Most recent statement.
Social Assistance	<input type="checkbox"/> Most recent statement.
Worker's Compensation	<input type="checkbox"/> Most recent statement.
Disability payments	<input type="checkbox"/> Most recent statement.
Student finance	<input type="checkbox"/> Most recent statements for loans, grants, bursaries, scholarships, and educational living allowances.
Self-employed (unincorporated)	<input type="checkbox"/> Copies of each cheque issued to you during last 6 weeks from your business or corporation, or from any person or business to which you have rendered a service.
	<input type="checkbox"/> Financial statements for last 3 years.
	<input type="checkbox"/> Statement showing all your salaries, wages, management fees or other payments or benefits for last 3 years.
Partner in Partnership	<input type="checkbox"/> Confirmation of your income and draws from, and capital in, the partnership for the partnership's last 3 taxation years.
You own at least 1% of a Corporation	<input type="checkbox"/> Financial statements for corporation's 3 last taxation years.
	<input type="checkbox"/> Statement showing all your salaries, wages, management fees or other payments or benefits for last 3 years.
	<input type="checkbox"/> Record of last 12 months of your shareholder's loan transactions.
Trust/beneficiary	<input type="checkbox"/> Copy of Trust Settlement Agreement.
	<input type="checkbox"/> Copies of trust's last 3 financial statements.
<b>Any other</b> income source	<input type="checkbox"/> Most recent statement.

<b>Appendix "A"</b> <b>ASSETS</b>			<b>Proposed Allocation</b> (if known)		
<b>ITEM DESCRIPTION</b>	<b>MORTGAGE OR LOAN AMOUNT</b>	<b>VALUE</b>	<b>YOU</b>	<b>SPOUSE</b>	<b>SELL</b>
Primary Residence	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Land	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Properties	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles and/or Farm Equipment	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments (RRSP/RESP/ GIC's/Pensions, etc.)	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other high-value property	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was any of the above property purchased before the marriage, or purchased using the proceeds or in exchange for property purchased before the marriage? If so, please list:


Was any of the above property received as a gift, or purchased using the proceeds or in exchange for property received as a gift? If so, please list:


Was any of the above property received as an inheritance, or purchased using the proceeds or in exchange for received as an inheritance? If so, please list:


Was any of the above property received as a result of a personal injury, or purchased using the proceeds or in exchange for property received as a result of a personal injury? If so, please list:


<b>Appendix "B"</b>				<b>Proposed Allocation</b>		
<b>DEBTS</b>				<b>(if known)</b>		
	<b>Present Amount Outstanding</b>	<b>Arrears, if Any</b>	<b>Present Monthly Payments</b>	<b>YOU</b>	<b>SPOUSE</b>	<b>PAY OUT</b>
Bank Loans	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lines of Credit	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgages	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance Companies	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department Stores	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL:</b>			\$			

<b>EQUALIZATION PAYMENT</b>	
An equalization payment is a payment made between spouses because one spouse is keeping more non-exempt equity than the other.	
Have you and your spouse already decided on an equalization payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, how much?	\$ _____ to _____ (spouse)
Is there a specific equalization payment which you already have in mind?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, how much?	\$ _____ to _____ (spouse)



## Appendix "C" BUDGET

- Must complete if there is any chance that you or your spouse could potentially be seeking child support, spousal support, or partner support.
- Estimates will be sufficient where exact numbers are impossible or impractical to obtain.

### 1. MONTHLY INCOME

#### Income

Total gross income from employment	\$
Family Allowance	\$
Pension (specify)	\$
Worker's Compensation	\$
Social Assistance	\$
Investments	\$
Other (Specify)	\$
<b>A: Total Income From All Sources</b>	\$

#### Deductions

Income Tax	\$
Union Dues	\$
Unemployment Insurance	\$
Canada Pension Plan	\$
Payroll Savings Plan	\$
Other (specify)	\$
<b>B: Total Deductions</b>	\$
<b>C: NET (TAKE HOME) INCOME (A minus B)</b>	\$

### 2. ACTUAL MONTHLY EXPENSES

Food, groceries, household supplies	\$
Meals outside home	\$
Clothing	\$
Laundry and dry cleaning	\$
Housing	\$
Rent or Mortgage	\$
Taxes	\$
Home Insurance	\$
Utilities	\$
Repairs and Maintenance	\$
Other (Specify)	\$
Health and medical insurance	\$
Drugs	\$
Dental Care	\$
Transportation	\$
Car operation	\$
Gas & Oil	\$
Insurance and License	\$
Maintenance	\$
Life Insurance	\$
Education and recreation	\$
School Fees	\$

Books	\$
Music Lessons, Hockey, Etc.	\$
Newspapers, publications, stationery	\$
Entertainment and recreation	\$
Alcohol , Tobacco	\$
Vacation	\$
Personal Care, hairdresser, barber	\$
Toilet Articles (hairspray, soap, etc.)	\$
Babysitting, Daycare	\$
Children's Allowance, gifts	\$
Support payments to other relatives	\$
Savings for the future	\$
Miscellaneous	\$
<b>D: TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

<b>SUMMARY</b>	
<b>Net Monthly Income (C)</b>	\$
<b>Less: Present monthly expenses (D)</b>	\$
<b>Less: Monthly debt charges (as per Appendix "B")</b>	\$
<b>BALANCE</b> (do <u>not</u> adjust the above numbers to show a balanced budget)	\$