



## FAMILY LAW QUESTIONNAIRE

### DESK ORDER DIVORCE AND SEPARATION AGREEMENTS

**\*\*NOTE: Please do your best to complete all required fields below. If you require additional space for any portion of the form, please use the space provided at the end. If you are uncertain of the answers to any of the fields below, please leave blank and email the form as is to kokimaw@entrustlaw.ca. A member of the Entrust team will be in touch to discuss the matter with you further. Thank you\*\***

<b>PART 1: PERSONAL INFORMATION</b>			
<b>INFORMATION ABOUT YOU</b>			
Full Legal Name:			
Address:			
Telephone:	Home	Business	Mobile
Can we leave messages: <input type="checkbox"/> Yes <input type="checkbox"/> No      Preferred Number:			
Preferred E-mail:			
How were you referred to our office?			
Birthdate:			
Place of Birth			
If you were not born in BC, what date did you come to live in BC?			
Marital Status prior to this relationship	<input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Maiden Surname (if applicable)			
Name on birth certificate			
Other names you are or have been known by			
Gross Annual Income	\$		

If employed, name of employer			
Job Title or Description			
Source and amount of any other income (such as rental income, interest, dividends, pension, etc.):			
<b>INFORMATION ABOUT YOUR SPOUSE/PARTNER</b>			
Full Legal Name:			
Birthdate			
Place of Birth			
If he/she were not born in BC, what date did he/she come to live in BC?			
Marital Status prior to this relationship	<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced	
	<input type="checkbox"/> Widowed		
Maiden Surname (if applicable)			
Name on Birth Certificate			
Other names your spouse/partner is or has been known by			
Address (if different from your own)			
Telephone	Home	Business	Mobile
Preferred E-mail			
Annual Income	\$		
If employed, name of employer			
Job Title or Description			
Source and amount of any other income (such as rental income, interest, dividends, pension, etc.):			

<b>INFORMATION ABOUT ANY CHILDREN</b>			
Full Legal Name	Birthdate	With Whom the Child Resides	Is the child yours?/ your spouse / partners? Or both?
Is there child support being paid for any of the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, by whom and in what amount?			
Do you have medical coverage for the children through your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your Spouse/Partner have medical coverage for the children through their employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have dental coverage for the children through your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your Spouse/Partner have dental coverage for the children through their employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PART 2: RELATIONSHIP INFORMATION</b>			
<b>DETAILS OF THE RELATIONSHIP</b>			
Date of Marriage			
Place of Marriage			
Date the parties commenced living together			
Date the parties separated			
Were there any periods of reconciliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, please provide details	
Are you now cohabiting with someone other than your spouse named above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date that cohabitation commenced:	
<b>WRITTEN AGREEMENTS</b>	
Did you enter into a prenuptial / marriage agreement or cohabitation agreement? <i>If yes, please provide a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you and your partner entered into a Separation Agreement? <i>If yes, please provide a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PRIOR COURT ACTIONS</b>	
Were you ever involved in any court proceedings in connection with the marriage or in connection with any children of the marriage? If yes, please provide copies of any court orders and details below.	
<b>PRIOR MARRIAGES OR COMMON-LAW RELATIONSHIPS</b>	
Were you previously married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide date of divorce:	
Your Full legal name during that marriage:	
Do you have to pay support for any children from the marriage / relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If yes, in what amount?	\$
Do you have to pay support for your former spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what amount:	\$
<b>NAME CHANGE</b> ( <i>available if you are applying for a divorce</i> )	
Do you want a name change	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what would you like your name changed to? (please provide full name including middle names)	
<b>ADDITIONAL INFORMATION</b>	
Please provide any other information that may be relevant, including the details of any verbal agreements you may have made with your spouse	

PLEASE ALSO COMPLETE THE ASSETS & DEBTS SCHEDULE BY  
CLICKING [HERE](#)