

CONFIDENTIAL
QUESTIONNAIRE

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Dear New Client:

Please complete this Confidential Questionnaire and bring it with you to your first appointment. By accurately completing this questionnaire, we will not have to spend the appointment time going over this information, but instead will be able to start looking at your options.

The first consultation is charged out at my usual hourly rate of \$425.00 per hour. For your convenience I accept Visa as well as cheques and cash.

Your appointment is scheduled for: _____

The time of your appointment is: _____

To reschedule or cancel this appointment, please contact my assistant Bernadette.

Thank you.

Should any urgent matters arise before your scheduled appointment, please do not hesitate to phone us.

Date of Interview: _____

Confidential Questionnaire
(please bring in before first interview)

YOUR PERSONAL INFORMATION

Your Name: _____
(First) (Middle) (Last)

Maiden Name: _____ Previous Married Name: _____

How should we address letters to you: Mr. ___ Ms. ___ Mrs. ___ Miss. ___

Married Name: ___ Maiden Name. ___

Home Address: _____
(Street/P.O. Box)

(Town/City) (Province) (Postal Code)

Can we send your mail to your home address: YES NO

If not, please provide an alternate mailing address:

(Street/P.O. Box)

(Town/City) (Province) (Postal Code)

Are you living in the marital home? YES NO

Does your spouse live with you? YES NO

Telephone: Home: _____ Can we call you there? YES NO

Work: _____ Can we call you there? YES NO

Cell: _____ Can we call you there? YES NO

Email: _____ Can we call you there? YES NO

Other number(s) you can be reached at : _____

Birthplace: _____
(Town/City) (Province)

Date: _____ Your present age: _____
(Month/Day/Year)

Are you or your spouse suffering from a handicap? YES NO
If yes, specify who and provide details: _____

Are you living common-law with another person? YES NO

Is your spouse living common-law with another person? YES NO

Name of your Employer: _____

Occupation: _____

Hours of employment Full-time Part-time (circle one) Hours worked: _____

How long have you been employed there? _____

Monthly Salary: Gross (before deductions) \$ _____

How often are you paid: Once a month Every 2 weeks 15th and end of month Weekly (circle one)

How long have you lived in Canada? _____

How long have you lived in Alberta? _____

Are you a Canadian Citizen? YES NO

If no, in what country are you a citizen? _____

Are you a landed immigrant in Canada? YES NO

PERSONAL INFORMATION OF YOUR SPOUSE

Your spouse's Name: _____
(First) (Middle) (Last)

Maiden Name: _____

Previous Married Name: _____

Spouse's Home Address: _____
(Street/P.O. Box)

(Town/City) (Province) (Postal Code)

Telephone: Home: _____ Work: _____ Cell: _____

Birthplace: _____
(Town/City) (Province)

Date: _____ Your spouse's present age: _____

Name of Spouse's Employer: _____

Spouse's Occupation: _____

SEPARATION

Date of Separation: _____
(Month/Day/Year)

RECONCILIATION

Have you or your spouse ever had any marriage or personal counseling?	YES	NO
If yes, whom did you see and for how long?	_____	
Is there any possibility of reconciliation?	YES	NO

ASSETS

Do you have a Will?	YES	NO
Do you and your spouse own a home?	YES	NO
If yes, whose name is the title registered in?	_____	
Who is living in the home now?	_____	
Do you or your spouse own other real estate? If yes, please indicate who owns it:		

Is your furniture divided yet?	YES	NO
If yes, are you happy with the division?	YES	NO

Vehicles you and your spouse own:

Year:	Make/Model:	Registered to:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recreational Vehicles you and your spouse own:

Year:	Make/Model:	Registered to:
_____	_____	_____
_____	_____	_____
_____	_____	_____

List bank accounts in your name or in joint names:

Bank	Whose name:	Chequing/Savings
_____	_____	_____
_____	_____	_____

List bank accounts in your spouse's name:

Bank	Whose name:	Chequing/Savings
_____	_____	_____
_____	_____	_____

List investments (for example, RRSPs, RRIFs, bonds, stocks, term deposits)

Type of Investment	Who is it invested with?	Whose name is it in?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any life insurance? YES NO

Does your spouse have any life insurance? YES NO

Do you have a Pension Plan at work? YES NO

Does your spouse own an interest in any business or company? YES NO

If yes, provide details _____

Are there any other assets you or your spouse own? If yes, provide details: _____

DEBTS

Do you have a mortgage on your home? YES NO

If yes, name of bank: _____

Do you have any personal loans in you or your spouse's name? YES NO

If yes, name of bank: _____

Have you given the bank any security/collateral for this loan? YES NO

Credit Card Debts:

Name of Card	Who applied for card?	Do you have a card?	Does your spouse have a card?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you owe any money to family or friends? YES NO

If yes, provide details _____

I confirm that Gordon H. Andreiuk of Ticoll Andreiuk Law Office is:

1. acting as my agent and, in this regard, is authorized to incur and pay GST exempt disbursements on my behalf; and
2. authorized to use e-mail to communicate confidential information.

(Please Print Your Name)

(Your Signature)

Date: _____

How did you hear about us? Telephone Book ___ Former Client ___ Website _____

Lawyer Referral ___ Referred by _____ Other _____