

**Appendix B**

**SAMPLE CONFIDENTIAL QUESTIONNAIRE**

File No.: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date Information Taken: \_\_\_\_\_

Client Referred By: \_\_\_\_\_

**A. SPOUSE A**

1. Full Name \_\_\_\_\_

2. A) Surname at Birth: \_\_\_\_\_

B) Surname at Marriage: \_\_\_\_\_  
(if applicable)

3. Address: \_\_\_\_\_

Former Address if less than 1 year: \_\_\_\_\_

4. Telephone: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

6. Domicile: \_\_\_\_\_

(a) Date arrived in Canada: \_\_\_\_\_

(b) Period of residence in B.C.: \_\_\_\_\_

(c) Citizenship: \_\_\_\_\_

(d) Do you intend to make B.C. your permanent home? \_\_\_\_\_

7. Education **and** vocational training: \_\_\_\_\_

8. Work History: \_\_\_\_\_

9. Present Employment: \_\_\_\_\_

(a) Date of commencement: \_\_\_\_\_

(b) Address of employer: \_\_\_\_\_

(c) Telephone: \_\_\_\_\_

(d) Description of job: \_\_\_\_\_

(e) Salary: \_\_\_\_\_

Gross: \$ \_\_\_\_\_

Net: \$ \_\_\_\_\_

10. Other income from any source (dividends, pension, child tax benefits, support): \_\_\_\_\_  
\_\_\_\_\_

11. Significant medical history: \_\_\_\_\_

12. Name, address and telephone numbers of physicians: \_\_\_\_\_

**B. SPOUSE B**

1. Full Name: \_\_\_\_\_

2. A) Surname at Birth: \_\_\_\_\_

B) Surname at Marriage: \_\_\_\_\_  
(if applicable)

3. Address: \_\_\_\_\_

Former Address, if less than 1 year: \_\_\_\_\_

4. Telephone: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

6. Domicile: \_\_\_\_\_

(a) Date arrived in Canada: \_\_\_\_\_

(b) Period of residence in B.C.: \_\_\_\_\_

(c) Citizenship: \_\_\_\_\_

(d) Do you intend to make B.C. your permanent home? \_\_\_\_\_

7. Education and vocational training: \_\_\_\_\_

8. Work History: \_\_\_\_\_

9. Present Employment: \_\_\_\_\_

(a) Date of commencement: \_\_\_\_\_

(b) Address of employer: \_\_\_\_\_

(c) Telephone: \_\_\_\_\_

(d) Description of job: \_\_\_\_\_

(e) Salary: \_\_\_\_\_

Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

10. Other Income from any source: (dividends, pension, child tax benefits, support): \_\_\_\_\_  
\_\_\_\_\_

11. Significant medical history: \_\_\_\_\_

12. Name, address and telephone numbers of physicians: \_\_\_\_\_

**C. MARRIAGE** (if applicable)

1. Place and date: \_\_\_\_\_

2. Particulars of previous marriage(s) of either party: \_\_\_\_\_

3. Particulars of divorce(s) or death(s) of previous spouse(s) (date and location): \_\_\_\_\_

\_\_\_\_\_

4. Is a current marriage certificate available? \_\_\_\_\_

Is a translation of the marriage certificate required? \_\_\_\_\_

5. Date of cohabitation commenced: \_\_\_\_\_

6. Date of Separation: \_\_\_\_\_

7. Was a marriage or cohabitation agreement entered into at time of marriage? \_\_\_\_\_

8. Was a separation agreement entered into at time of separation? \_\_\_\_\_

Is a copy available? \_\_\_\_\_

**D. CHILDREN**

1. Full name(s)	Date of Birth
_____	_____
_____	_____
_____	_____

2. Citizenship: \_\_\_\_\_

3. Location of child's passport: \_\_\_\_\_

4. Residence history of children in previous year: \_\_\_\_\_

5. School and grade: \_\_\_\_\_

6. Is there (likely) an argument about custody/access? \_\_\_\_\_

7. Daycare arrangements and costs: \_\_\_\_\_

8. Significant medical history of children: \_\_\_\_\_

\_\_\_\_\_

9. Name, address, telephone number of physician: \_\_\_\_\_
10. Do children have any assets, trust property, bank accounts, etc. Please describe: \_\_\_\_\_

\_\_\_\_\_

**E. ASSETS**

1. House (address, date of purchase, title, mortgage, market value): \_\_\_\_\_

\_\_\_\_\_

Legal description: \_\_\_\_\_

In whose name(s) is property registered: \_\_\_\_\_

Mortgage holder(s): \_\_\_\_\_

Amount of mortgage owing: \_\_\_\_\_

Mortgage payments: \_\_\_\_\_

Annual taxes, water rates, etc.: \_\_\_\_\_

Name of tenants: \_\_\_\_\_

Rental income: \_\_\_\_\_

2. Recreational property (address, date of purchase, title, mortgage, market value): \_\_\_\_\_

\_\_\_\_\_

Legal description: \_\_\_\_\_

In whose name(s) is property registered: \_\_\_\_\_

Annual taxes, water rates, etc.: \_\_\_\_\_

3. Car(s) – description and registration: \_\_\_\_\_

4. Substantial personal property (house contents, antique collections, jewelry, etc.): \_\_\_\_\_

\_\_\_\_\_

5. Is copy of current household insurance policy available (if so, please attach): \_\_\_\_\_

6. Investments (stocks, bonds, receivables): \_\_\_\_\_

7. Name of broker: \_\_\_\_\_

8. Savings / bank arrangements: \_\_\_\_\_

In whose name(s) are accounts: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Approximate balance: \_\_\_\_\_

9. Life insurance (particulars): \_\_\_\_\_

Term or whole life: \_\_\_\_\_

Premium payments: \_\_\_\_\_

Are copies of life insurance policies available (If so, please attach): \_\_\_\_\_

Who is beneficiary: \_\_\_\_\_

10. Details of RRSPs: \_\_\_\_\_

11. Details of pensions, approximate value: \_\_\_\_\_

12. Safety deposit box: \_\_\_\_\_

Location: \_\_\_\_\_

Contents: \_\_\_\_\_

In whose name(s): \_\_\_\_\_

Who has key(s): \_\_\_\_\_

13. Hospital and medical coverage: \_\_\_\_\_

14. Business Assets: \_\_\_\_\_

(a) Name of business: \_\_\_\_\_

(b) Location: \_\_\_\_\_

(c) Address of registered and records office: \_\_\_\_\_

(d) Shareholders' names: \_\_\_\_\_

(e) Approximate value of business, if known: \_\_\_\_\_

(f) Name of corporate solicitor and accountant: \_\_\_\_\_

(g) Are income tax returns available? \_\_\_\_\_

**F. LIABILITIES**

1. Loans payable (particulars – dates, amounts, interest rates): \_\_\_\_\_  
\_\_\_\_\_

2. Other significant debts, Including personal guarantees and loans for which you have co-signed: \_\_\_\_\_  
\_\_\_\_\_

Are copies available (If so, please attach)? \_\_\_\_\_

3. List credit cards, charge accounts (give account number(s) and indicate if joint or individual and amounts owing): \_\_\_\_\_  
\_\_\_\_\_

4. Have retailers and financial institutions been advised of separation? \_\_\_\_\_

Date: \_\_\_\_\_

Is copy of letter or notice available? \_\_\_\_\_

**G. OTHER PROCEEDINGS**

1. Dates and durations of previous separations: \_\_\_\_\_

2. Other legal proceedings (court, date, action numbers). Please provide copies of any court documents, if available and name(s) of prior lawyers: \_\_\_\_\_  
\_\_\_\_\_

3. Existing separation agreement (date of execution and jurisdiction where executed): \_\_\_\_\_  
\_\_\_\_\_

Is copy available (if so, please attach)? \_\_\_\_\_

4. Present financial arrangements between spouses: \_\_\_\_\_

**H. WILLS AND ESTATES**

Particulars of will: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Executor: \_\_\_\_\_

Major beneficiaries: \_\_\_\_\_