

LAKELAND LAW GROUP

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Welcome to Lakeland Law Group.

In anticipation of your consultation with our office, there are a number of items we would ask that you gather and bring to your appointment. These items will be required in the event that you retain us for the purposes of proceeding with a Separation or Divorce. The timely production of these documents will allow the information gathering process and drafting process to flow smoothly thereby reducing your legal fees.

In this regard, we ask that you provide the following information:

1. Family Questionnaire – please complete this document to the best of your ability, noting that not all areas may apply;
2. Your last three (3) years Income Tax Returns and Notices of Assessment;
3. Your last four (4) pay statements;
4. If you own or are part of a Corporation, your last three (3) years Financial Statements;
5. If you own real property, an updated Mortgage Statement along with any penalties that may be associated with an early payout of the mortgage;
6. If you own real property, a Real Estate Evaluation of your home or real property.
Note: this can be done via a Realtor. If your home is not accessible, a Realtor will be able to pull the last listing, and give you a rough estimate of the property's market value. If your home is a brand-new build, talk to your Agent and they can look at comparable properties to estimate the property's market value;
7. List of Assets and Debts (sole or joint).
Note: A spreadsheet has been attached to make this list easier to compile. Please ensure that you bring in an updated Statement showing the current balance for any credit cards, loans, other debts, RRSPs, investments, or other assets. Any asset or debt will need to be confirmed as at the time of separation, so having the most recent Statement makes it easier to review when we look at the whole picture;
8. Monthly/Yearly Budget
Note: A spreadsheet has been attached. Please fill out the actual dollar amounts incurred.
9. Copies of any current Orders or court-filed documents to date;
10. If you have minor children, a list of expenses for any extra-curricular activities that they are enrolled in, or that you expect to enroll them into;
11. If you have minor children, you will need to complete the Parenting After Separation Course prior to filing any documents in Court of Queen's Bench. You can complete the course online at <http://pas.albertacourts.ab.ca/> You will get a Certificate once you complete the course. Please provide this Certificate to our office.

Let Us Be Your Voice

5402-55 Street, Cold Lake, Alberta T9M 1R5
Phone: 780-594-7274 Fax: 780-594-7275 www.lakelandlaw.ca

* Denotes Professional Corporation

FAMILY QUESTIONNAIRE

TELL US ABOUT YOURSELF

Full legal name: _____
Any nicknames/aliases: _____
Residential address: _____
Mailing address: _____
Can we send mail to this address? Yes No
Telephone numbers: Cell - _____
 Home - _____
 Work - _____
Can we leave messages at these numbers? Yes No
Email address: _____
Surname prior to marriage: _____
Marital status prior to marriage: _____
Date of birth: _____
Place of birth: _____
How long have you lived in Alberta? _____

TELL US ABOUT THE OTHER PARTY

Full legal name: _____
Any nicknames/aliases: _____
Residential address: _____
Mailing address: _____
Telephone numbers: Cell - _____
 Home - _____
 Work - _____
Surname prior to marriage: _____
Marital status prior to marriage: _____
Date of birth: _____
Place of birth: _____
How long have they lived in Alberta? _____

TELL US ABOUT THE RELATIONSHIP

Start date of the relationship: _____
Start date of cohabitation: _____
Date of marriage: _____
Place of marriage: _____
End date of the relationship: _____
Do you have a Marriage Certificate issued by the Province/Country that you were married in:
 Yes No

TELL US ABOUT YOUR CHILDREN

<u>Full Legal Name</u>	<u>Birthdate (YY/MM/DD)</u>	<u>Age</u>	<u>Grade</u>	<u>College/University</u>

Parental Responsibilities – please check off the appropriate box to indicate if you would like to have the following parental responsibilities to be (a) shared between the parties, (b) your responsibility only, or (c) the other party’s responsibility only:

A	B	C	
			The child(ren)’s place of residence
			The child(ren)’s education
			The child(ren)’s extracurricular activities
			The child(ren)’s cultural upbringing
			The child(ren)’s spiritual upbringing
			Whom the child(ren) will associate with
			Whether the child(ren) should work, and if so, the details of the work
			Give consent to health-related treatment for the child(ren)
			Receive and respond to any notice to a parent or guardian
			Deal with any legal proceedings relating to the child(ren)
			Appoint a person to act on behalf of the guardian in an emergency situation or when the guardian is temporarily absent
			Receive any health, educational and other information that may significantly affect the child(ren)
			Other (specify):
			Other (specify):

Why do you believe that the above responsibilities are in the best interest of the child(ren)?

What are the existing custody and access arrangements with the other party?

What are you proposing for custody and access arrangements with the other party?

Child care expenses: \$ _____ per month

Child care provider name: _____

Do you have medical/dental insurance for the children? Yes No

If so, please specify the policy and amount of coverage: _____

Health expenses that exceed your insurance (orthodontics, counseling, prescriptions, vision care, etc.): _____

Extracurricular activities for your child(ren), and costs associated with each activity:

Activity Name: _____ Costs: \$ _____

Special Education expenses: _____

Do you or the other party qualify for subsidies/credits/tax reductions? Yes No

If so, please explain: _____

Do you currently have any bursaries/trust fund/scholarships for the child(ren)?

Yes No

If so, please list what they are (include name, institution, and if they are held in joint name with the other party): _____

TELL US ABOUT YOUR EDUCATION

Level of education completed: _____

Current Employment:

Name of Employer: _____

Address of Employee: _____

Job Title: _____

Total income declared on last tax return: \$ _____

Net income declared on last tax return: \$ _____

Base salary: \$ _____

Bonuses: \$ _____

Benefits (please check off the applicable items, and be prepared to provide confirmation)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> AHC |
| <input type="checkbox"/> Extended health/dental | <input type="checkbox"/> Pension | <input type="checkbox"/> Savings Plan |
| <input type="checkbox"/> Stock options | <input type="checkbox"/> Car allowance/company vehicle | |
| <input type="checkbox"/> Other (specify): _____ | | |

Length of employment: _____

Future education/employment intentions: _____

Previous Employment:

Name of Employer: _____

Address of Employee: _____

Job Title: _____

Total income declared on last tax return: \$ _____

Net income declared on last tax return: \$ _____

Base salary: \$ _____

Bonuses: \$ _____

Benefits (please check off the applicable items, and be prepared to provide confirmation)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> AHC |
| <input type="checkbox"/> Extended health/dental | <input type="checkbox"/> Pension | <input type="checkbox"/> Savings Plan |
| <input type="checkbox"/> Stock options | <input type="checkbox"/> Car allowance/company vehicle | |
| <input type="checkbox"/> Other (specify): _____ | | |

Length of employment: _____

Other Party's Employment:

Name of Employer: _____

Address of Employee: _____

Job Title: _____

Total income declared on last tax return: \$ _____

Net income declared on last tax return: \$ _____

Base salary: \$ _____

Bonuses: \$ _____

Benefits (please check off the applicable items, and be prepared to provide confirmation)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> AHC |
| <input type="checkbox"/> Extended health/dental | <input type="checkbox"/> Pension | <input type="checkbox"/> Savings Plan |
| <input type="checkbox"/> Stock options | <input type="checkbox"/> Car allowance/company vehicle | |
| <input type="checkbox"/> Other (specify): _____ | | |

Length of employment: _____

Future education/employment intentions: _____

Previous Employment:

Name of Employer: _____

Address of Employee: _____

Job Title: _____

Total income declared on last tax return: \$ _____

Net income declared on last tax return: \$ _____

Base salary: \$ _____

Bonuses: \$ _____

Benefits (please check off the applicable items, and be prepared to provide confirmation)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> AHC |
| <input type="checkbox"/> Extended health/dental | <input type="checkbox"/> Pension | <input type="checkbox"/> Savings Plan |
| <input type="checkbox"/> Stock options | <input type="checkbox"/> Car allowance/company vehicle | |
| <input type="checkbox"/> Other (specify): _____ | | |

Length of employment: _____

TELL US ABOUT YOUR PROPERTY

Please advise our office if you are not on the mortgage or title of any property: _____

Jointly owned home/real property:

Civic Address: _____

Legal Address: _____

Who is living there currently? _____

Who is paying the mortgage? _____

Who is paying the utilities (including taxes)? _____

Approximate value of this property: _____

Amount owing on this property: _____

Contents estimated value: _____

Specific items that you or the other party wishes to retain and the estimated value: _____

If you have more than one property, please write the above information on the back of this page for all subsequent properties.

Art, jewelry, stamps/bullion/coins and estimated value: _____

Vehicle 1:

Type: _____

Owner: _____

Value: \$ _____

Loan: \$ _____

Vehicle 2:

Type: _____

Owner: _____

Value: \$ _____

Loan: \$ _____

Vehicle 3:

Type: _____

Owner: _____

Value: \$ _____

Loan: \$ _____

Vehicle 4:

Type: _____

Owner: _____

Value: \$ _____

Loan: \$ _____

Camper/Trailer/Motor Home:

Type: _____

Owner: _____

Value: \$ _____

Loan: \$ _____

Boat/Aircraft:

Type: _____

Owner: _____

Value: \$ _____

Loan: \$ _____

Other Recreational Assets:

Type: _____
Owner: _____
Value: \$ _____
Loan: \$ _____

Type: _____
Owner: _____
Value: \$ _____
Loan: \$ _____

Miscellaneous Equipment/Machinery:

Type: _____
Owner: _____
Value: \$ _____
Loan: \$ _____

Type: _____
Owner: _____
Value: \$ _____
Loan: \$ _____

Livestock: _____

Tools: _____

Joint Accounts (list account numbers with balance as of the date of separation):

Account 1:	_____	Value: \$	_____
Account 2:	_____	Value: \$	_____
Account 3:	_____	Value: \$	_____
Account 4:	_____	Value: \$	_____

Your Sole Accounts (list account numbers with balance as of the date of separation):

Account 1:	_____	Value: \$	_____
Account 2:	_____	Value: \$	_____
Account 3:	_____	Value: \$	_____
Account 4:	_____	Value: \$	_____

The other party's Sole Accounts (list account numbers with balance as of the date of separation):

Account 1:	_____	Value: \$	_____
Account 2:	_____	Value: \$	_____
Account 3:	_____	Value: \$	_____
Account 4:	_____	Value: \$	_____

Term Deposits: _____

Rewards Points: _____

Life insurance: _____

Stocks/bonds: _____

Pensions: _____

RRSPs: _____

CPP: _____

Corporate Interests: (if you are part of a corporation, please provide your Certificate of Incorporation, share structure, and last 3 years financial statements): _____

Business/partnership/joint venture: _____

Mortgages/Agreements for sale: _____

Trusts: _____

Assets held in trust for the children: _____

Do you have an existing Will? Yes No

Do you have an existing Personal Directive? Yes No

Do you have an existing Power of Attorney? Yes No

TELL US ABOUT WHAT YOUR DEBTS

Please list all bank accounts, financial institutions, and balances as at the date of separation.

	JOINT	YOURS	OTHER PARTY'S
Credit Cards			
Line of Credit			
Bank Loans			
Loans from Third Parties			
Personal Guarantees			
Income Taxes			
Mortgages			
Other (Specify)			

TELL US SOME FURTHER INFORMATION

Are you or will the other party be seeking spousal support? Yes No

What was the role you had in your relationship? _____

What was the role the other party had in your relationship? _____

Have you been diagnosed by a health care professional with any health/medical issues? _____

Has the other party been diagnosed by a health care professional with any health/medical issues? _____

Have you provided or received any funds to or from the other party since the date of separation? If so, please provide details: _____

You are hereby required to provide to the Applicant within one (1) month of service of this Notice:

1. A copy of every personal income tax return you have filed for each of the 3 most recent taxation years. If you have not filed a tax return for the previous year, you must provide copies of your T4, T4A, and all other relevant tax slips and statements disclosing any and all sources of income for the previous year.
2. A copy of every notice of assessment and reassessment issued to you for each of the 3 most recent taxation years, or a copy of the Canada Revenue Agency printout of your last 3 years' income tax returns.
3. If you are an employee, a copy of each of your 3 most recent statements of earnings indicating your total earnings paid in the year to date, including overtime, or where such a statement is not provided by your employer, a letter from your employer setting out that information, including your rate of annual salary or remuneration.
4. If you receive income from employment insurance, social assistance, a pension, workers' compensation, disability payments, dividends or any other source, the most recent statement of income indicating the total amount of income from the applicable source during the current year or, if such a statement is not provided, a letter from the appropriate authority stating the required information.
5. If you are a student, a statement indicating the total amount of student funding you have received during the current academic year, including loans, grants, bursaries, scholarships and living allowances.
6. If you are self-employed in an unincorporated business:
 - (a) particulars or copies of every cheque issued to you during the last 6 weeks from any business or corporation in which you have an interest, or to which you have rendered a service;
 - (b) the financial statements of your business or professional practice for the 3 most recent taxation years; and
 - (c) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to yourself, or to persons or corporations with whom you do not deal at arm's length, for the 3 most recent taxation years.
7. If you are a partner in a partnership, confirmation of your income and draws from, and capital in, the partnership for its 3 most recent taxation years.
8. If you have a 1% or more interest in a privately held corporation:
 - (a) the financial statements of the corporation and its subsidiaries for its 3 most recent taxation years;
 - (b) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to yourself, or to persons or corporations with whom the corporation, and every related corporation, does not deal at arm's length for the corporation's 3 most recent taxation years; and
 - (c) a record showing your shareholder's loan transactions for the past 12 months.

9. A detailed list of any special or extraordinary expenses claimed (where child support is an issue) as well as copies of receipts or other documentation providing the amount of those expenses, namely:
- (a) child care costs;
 - (b) health care and extended medical and dental insurance premiums attributable to the child;
 - (c) uninsured health care and dental expenses;
 - (d) extraordinary educational expenses;
 - (e) post-secondary educational expenses; and
 - (f) extraordinary expenses for extracurricular activities.
10. If you are a beneficiary under a trust, a copy of the trust settlement agreement and copies of the trust's 3 most recent financial statements.
11. Copies of all statements and cancelled cheques for all bank accounts held solely or jointly in your name for the most recent 6 months.
12. Copies of credit card statements for all credit cards solely or jointly in your name for the most recent 6 months.
13. Your monthly budget of expenses (where spousal or adult interdependent partner support is an issue).
14. A sworn itemized list of your income, assets and liabilities (in the form attached as Schedule A).
15. Copies of the most recent statement for all RRSPs, pensions, term deposit certificates, guaranteed investment certificates, stock accounts and other investments in your name or in which you have an interest.
16. A list of any exemptions claimed (where the action involves the division of matrimonial property).

The requested documents are to be delivered to:

Lakeland Law Group

Jason J. Conlin

5402 55 Street, Cold Lake, AB T9M 1R5

780-594-7274 (tel) 780-594-7275 (fax)

WARNING

If you do not come to Court on the date and at the time shown above, either in person or by your lawyer, the Court may:

- (a) order you to provide the documents to the Applicant by a specific date;
- (b) order payment of support in an amount the Court considers appropriate, drawing an adverse inference against you and imputing income to you;
- (c) order you to pay costs to the Applicant up to an amount that fully compensates the Applicant for all costs incurred in the proceedings;
- (d) order that your employer, partner or principal, or any other person, provide to the Applicant and/or the Court, any or all of the financial information requested by the Applicant that is within the knowledge of, in the custody of, or under the control of that person;
- (e) grant any other remedy requested by the Applicant.

If you want to present any evidence to the Judge hearing this application, or if you object to providing the financial information and documents requested, you must

- (a) swear or affirm an affidavit stating the evidence you want to present or your objection to providing the financial information and documents requested and the reasons for your objection,
- (b) file the affidavit with the court clerk, and
- (c) serve the affidavit on the Applicant or the Applicant's solicitor a reasonable period of time before the application is scheduled to be heard.

SCHEDULE A to Form FL-17

STATEMENT OF INCOME, ASSETS AND LIABILITIES

This is the statement of income, assets and liabilities of [name] the [Plaintiff/Defendant] in this action.

A. INCOME

All of my sources of income and amounts of income per month are as follows:

- (a) Employment income of \$ from [employer];
- (b) Employment insurance benefits of \$;
- (c) Worker's Compensation Benefits of \$;
- (d) Interest and investment income of \$;
- (e) Pension income of \$;
- (f) Government assistance income of \$ from [source];
- (g) Self-employment income of \$;
- (h) Other income of \$ from [source].

My total income last year as indicated at line 150 of my [year] tax return was \$

I expect my income at line 150 of my tax return this year to be \$

B. ASSETS

Asset	Particulars	Date Acquired	Value (Estimated)
1. Real Estate (List any interest in land, including leasehold interests and mortgages, whether or not you are registered as owner. Provide legal descriptions and indicate estimated market value of your interest without deducting encumbrances or costs of disposition.)(Record encumbrances under debts.)			
2. Vehicles (List cars, trucks, motorcycles, trailers, motor homes, boats, etc.)			

<p>3. Financial Assets</p> <p>(List savings and chequing accounts, cash, term deposits, GICs, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies (indicate beneficiaries), accounts receivable, etc.)</p>			
<p>4. Pensions and RRSPs</p> <p>(Indicate name of institution where accounts are held, name and address of pension plan and pension details.)</p>			
<p>5. Corporate/Business Interests</p> <p>(List any interest you hold, directly or indirectly, in any corporation, unincorporated business, partnership, trust, joint venture, etc.)</p>			
<p>6. Other</p> <p>(List anything else of value that you own, including precious metals, collections, works of art, jewellery or household items of high value.</p> <p>Include location of any safety deposit boxes.)</p>			

C. DEBTS

Debt	Particulars	Date Incurred	Balance Owing	Monthly Payment
<p>1. Secured Debts</p> <p>(List all mortgages, lines of credit, car loans, and any other debt secured against an asset that you own.)</p>				
<p>2. Unsecured Debts</p> <p>(List all bank loans, personal loans, lines of credit, overdrafts, credit cards and any other debts that you have.)</p>				

3. Other (List any other debts, including obligations that are relevant to a claim for undue hardship – e.g. car lease payment)				

I, [name] solemnly declare that the facts set out in this document are true. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me to be true on
[date], 20[year],
at [city], Alberta.

Signature of person completing document

Commissioner for Oaths in and for Alberta

Print name and expiry/Lawyer/Student-at-Law

NOTE: It is an offence to make a false declaration.

