



LAWYERS
ARBITRATORS
MEDIATORS

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Items to Get Ready For Your Consultation

- Conflict and Communication Assessment (attached)
- Questionnaire (attached)
- List of issues to be resolved
- Photo ID
- Form of Payment – cash, cheque, Visa, MasterCard

**** please return this completed Guide to info@meridianlawgroup.ca 24-hours prior to your appointment time ****

Preparing for your Initial Consultation

This guide is designed to assist you to prepare for your initial consultation regarding your separation or divorce.

Before you embark upon finding resolution to your separation and divorce issues, it is important that you consider not just *what* you want, but *how* you want to get it. Do you want to maintain an amicable co-parenting relationship, or will it be necessary to pursue court action? Do you want to be adversaries or do you want to work together co-operatively? Before you take any action, it is important to understand the choices that you have on *how* to divorce. You have a right to litigate in court, but you have an opportunity to negotiate cooperatively.

Sometimes, despite our best efforts to negotiate co-operatively, it may be impossible to agree on everything and you may choose to go to court to resolve one or all aspects of your divorce. Enter the chosen arena after having done your research and learned about the alternatives to the traditional court process. **To learn more about your options, please visit our website: www.meridianlawgroup.ca.**

In order to expedite your consultation, please complete the attached documents and bring them to your appointment along with any applicable supporting documentation listed on the final page.

We require a credit card guarantee to secure your appointment time; You will not be charged for the consultation prior to your scheduled time, and you may choose a different method of payment at the conclusion of your consultation. We have scheduled one hour for your consultation, but additional time may be available by the half-hour fee. **Please arrive 15 minutes prior to your appointment time to allow for your consultation forms to be processed.** We require 24-hours notice to cancel your appointment, otherwise the full fee for the one-hour consultation will be charged to your credit card.

We look forward to meeting you and determining how best we can assist you to resolve your family matters.

Completed by: _____

Date: _____

Conflict & Communication Assessment**1. Which of the following best describes your relationship with the other party?**

Divorcing/Separating AND Living Apart Still living together
Never married AND Used to live together Never lived together
Already divorced

2. What process(es) have you been involved in to date? Check all that apply

Nothing formal; we have only talked with each other
Mediation Successful Unsuccessful
Collaborative Process Successful Unsuccessful
Court Application Once More than once

3. How comfortable are you being in the same room with the other party, discussing difficult topics?

Comfortable
Difficult, but we can do it with some support or facilitation
Uncomfortable

4. How well do you and the other party co-operate?

We generally co-operate well
We co-operate well some of the time
We do not co-operate well
Co-operation is almost always impossible
No contact or co-operation is possible

5. How well do you and the other party communicate?

We generally communicate well
We communicate well some of the time
We do not communicate well
Communication is almost always impossible
We do not communicate

6. How are your overall levels of communication and co-operation?

We communicate and consider the other person's opinions and options
We have minimal communication and we don't work at co-operating
Our communication tends to have a lot of conflict and is very positional
We do not communicate at all

7. How important is the other parent to the welfare of your children?

No children

Very important. They have many valuable things to offer as a parent

Important. They have some valuable things to offer as a parent

Somewhat important. They have some value, but also some problems / limitations as a parent

Not important. They have little to offer. There are problems or deficits as a parent

Very unimportant. They have nothing to offer as a parent

8. How would you describe your level of trust in the other party? How about their trust in you?

Trust in all matters of importance	Me to other party	Other party to me
------------------------------------	-------------------	-------------------

Trust sometimes, but not always	Me to other party	Other party to me
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Little or no trust at all	Me to other party	Other party to me
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9. During your relationship, how would you describe the level of trust between you and the other party?

Trust was an important part of our relationship

We were sometimes challenged in trusting each other

Inability to trust was consistently an issue in our relationship

10. Are there matters that may be relevant to your matter that you do not wish to share with the other party?

No, I am willing to share everything relevant

I am concerned about the reaction if some information is shared, but am willing to work on a process for sharing information in a safe manner

I see withholding vital information as an important strategy and would be reluctant to disclose everything right away

11. Have you ever read private emails, journals, letters of the other party, listened in on their conversations, or recorded discussions, without the other party's knowledge? Has the other party ever done this to you?

Never	By me	To me
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Seldom, less than a year ago	By me	To me
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Frequently, recently	By me	To me
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12. How important is it that you and the other party be able to have a relationship with trust in the future?

Important. Our continuing relationship matters to me

Not very important, as long as we have a business-like relationship

Don't care at all about a future relationship with the other party

13. Are any of the following items of specific concern to you in your situation? Check all that apply

Substance abuse	Alcohol – me	Alcohol – other party	Drugs – me	Drugs – other party
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Mental Health issues	Describe: _____			
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Suicide threats/thoughts	By	By other party
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Family Violence	A Against me	Against other party	Against children
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Money

Today's Date: _____

Confidential Client Questionnaire**** This information is required in order to assist you in resolving your family matters ****

Introductory Matters

- | | |
|---|--|
| 1. How did you hear about our firm? | |
| 2. Briefly describe the issues you are coming to see us about | |
| 3. Have you or your family ever used our firm for assistance in the past? | |

YouFull Legal Name: _____
(first) (middle) (last)Name on birth certificate: _____
(first) (middle) (last)Telephone: Home: _____ Work: _____
Cell: _____ Other: _____

Email Address: _____

Social Insurance Number: _____

Home Address: _____

Can we send mail to your home address? YES NO

If not, provide alternate mailing address: _____

How long have you lived in your current province of residence? _____

Date of Birth: _____ Place of Birth: _____
City and Province

Have you spoken with another lawyer? YES NO If so, name: _____

Are you living in the matrimonial home? YES NO Does the other party live with you? YES NO

How many adults live in your house? _____ How many children live in your house? _____

Do you have a will? YES NO

Your Employment

Occupation: _____

Name / Address of your Employment: _____

How long have you worked there? _____

Gross Annual Income: _____ Full-Time Part-Time

Other Sources of Income: _____

Other Party (*your ex*)

Full Legal Name: _____
(first) (middle) (last)

Name on birth certificate: _____
(first) (middle) (last)

Telephone: Home: _____ Work: _____
Cell: _____ Other: _____

Email Address: _____

Social Insurance Number: _____

Home Address: _____

Can we send mail to their home address? YES NO

If not, provide alternate mailing address: _____

How long have they lived in their current province of residence? _____

Date of Birth: _____ Place of Birth: _____
City and Province

Have they spoken with a lawyer? YES NO If so, name: _____

Are they living in the matrimonial home? YES NO

How many adults live in their house? _____ How many children live in their house? _____

Their Employment

Occupation: _____

Name / Address of their Employment: _____

How long have they worked there? _____

Gross Annual Income: _____ Full-Time Part-Time

Other Sources of Income: _____

The Relationship

Province of last joint residence: _____

Date started living together: _____

Date of Marriage: _____

Date of Separation: _____

Place of Marriage: _____
(City, Province, Country)

In order to proceed with your divorce, we require an *official* marriage certificate (no handwriting on the certificate). If you were married in Canada, the certificate we need is one that is ordered from the Vital Statistics agency in the province in which you were married.

Do you have an official Marriage Certificate? YES, ENCLOSED NO, PLEASE ORDER

Marital Status prior to marriage:

You:	Never Married/Single	Divorced	Widowed
Other Party:	Never Married/Single	Divorced	Widowed

- Why did you separate? _____
- Is there any possibility of reconciliation? YES NO
- Have you attended marriage counseling? YES NO
- Have you attempted mediation? YES NO
- Have you or the other party started any Court proceedings during or after the relationship? YES NO
- Have you made any written agreements during or after the relationship? YES NO
- Have you and the other party made any written agreements? YES NO
- Are you seeking spousal support? YES NO
- Is the other party seeking spousal support? YES NO

_____ Check here if no children

Children

List any children of the relationship (your children biologically with the other party)

1.	Full Legal Name (on birth certificate)	Birthdate	Age at Dec 31 st <u>this</u> calendar year	Child Has Passport Yes/No

List any biological or step-children children outside the relationship (not with the other party)

1.	Full Legal Name (on birth certificate)	Birthdate	Biological Parents	Where is the child living?

Is health insurance available? Dental: YES NO Medical: YES NO

Which parent provides this insurance? _____ You _____ Other Party _____ Both

Have you attended the Parenting After Separation course YES NO
If not, are you scheduled to attend? YES NO

Parenting Plan:

How is time with the Children allocated between the parents?

How are holidays being shared or proposed to be shared between the parents?

What is the current arrangement for financial support for the children?

Describe government benefits, credits or subsidies you or the other party are eligible to receive:

Does either parent wish to change the current schedule or financial arrangements? YES NO

If YES, please provide details?

Additional Costs Relating to Children:

1. Do you have any childcare costs? YES NO

If so, provide details: _____

How are these costs being paid? _____

2. Are your children in any extra-curricular activities? YES NO

If so, provide details: _____

How are these costs being paid? _____

3. Do you have any of the following health costs for your children (check all that apply)?

Orthodontics

Child / Details: _____

Professional Counselling

Child / Details: _____

Physiotherapy

Child / Details: _____

Occupational Therapy

Child / Details: _____

Speech Language Therapy

Child / Details: _____

Prescription medication

Child / Details: _____

Hearing Aids

Child / Details: _____

Glasses and Contact Lenses

Child / Details: _____

Other

Child / Details: _____

How are these costs being paid? _____

4. Do you have any educational expenses for your children? YES NO

If so, provide details: _____

How are these costs being paid? _____

LIST OF PROPERTY

_____ Check here if no property to divide

Have you divided your household contents? YES NO
 If yes, are you satisfied with the division? YES NO

Do you wish to divide your Canada Pension Plan Credits? YES NO NOT SURE

What date do you plan on using to divide your property? or NOT SURE

REAL ESTATE		
<p>MATRIMONIAL HOME</p> <p>Address:</p> <p>Legal Description:</p>	<p>Current Market Value:</p> <p><u>Mortgage Details</u></p> <p>Balance #1: _____</p> <p>Lender: _____</p> <p>Balance #2: _____</p> <p>Lender: _____</p>	<p>Who owns the home?</p> <p>____ You</p> <p>____ Other Party</p> <p>____ Joint with Other Party</p> <p>____ Other: _____</p> <p>Date of Purchase: _____</p> <p>Who is living there now? _____</p> <p>Date of Appraisal: _____</p>
<p>OTHER REAL ESTATE</p> <p>Address:</p> <p>Legal Description:</p>	<p>Current Market Value:</p> <p><u>Mortgage Details</u></p> <p>Balance #1: _____</p> <p>Lender: _____</p> <p>Balance #2: _____</p> <p>Lender: _____</p>	<p>Who owns the property?</p> <p>____ You</p> <p>____ Other Party</p> <p>____ Joint with Other Party</p> <p>____ Other: _____</p> <p>Date of Purchase: _____</p> <p>Who is living there now? _____</p> <p>Date of Appraisal: _____</p>
<p>OTHER REAL ESTATE</p> <p>Address:</p> <p>Legal Description:</p>	<p>Current Market Value:</p> <p><u>Mortgage Details</u></p> <p>Balance #1: _____</p> <p>Lender: _____</p> <p>Balance #2: _____</p> <p>Lender: _____</p>	<p>Who owns the property?</p> <p>____ You</p> <p>____ Other Party</p> <p>____ Joint with Other Party</p> <p>____ Other: _____</p> <p>Date of Purchase: _____</p> <p>Who is living there now? _____</p> <p>Date of Appraisal: _____</p>

Additional details about real estate properties:

BANK ACCOUNTS (chequing, savings, TFSAs, etc.)

You:	Chequing / Savings	Balance:	Institution:
	Chequing / Savings	Balance:	Institution:
	Chequing / Savings	Balance:	Institution:
Other Party:	Chequing / Savings	Balance:	Institution:
	Chequing / Savings	Balance:	Institution:
	Chequing / Savings	Balance:	Institution:
Joint:	Chequing / Savings	Balance:	Institution:
	Chequing / Savings	Balance:	Institution:
	Chequing / Savings	Balance:	Institution:

CASH HELD OUTSIDE OF A FINANCIAL INSTITUTION

You:		Location:
Other Party:		Location:

EDUCATION SAVINGS PLANS (for your children)

Name of Child		Balance:		Institution:
Name of Child		Balance:		Institution:
Name of Child		Balance:		Institution:
Name of Child		Balance:		Institution:

REGISTERED PENSION PLANS

You:	Balance:		Company: ___ Currently Receiving Pension Income
Other Party:	Balance:		Company: ___ Currently Receiving Pension Income

RETIREMENT SAVINGS ACCOUNTS (RRSPs, LIRAs, etc.)

You:	Balance:		Institution: ___ Spousal
	Balance:		Institution: ___ Spousal
	Balance:		Institution: ___ Spousal
Other Party:	Balance:		Institution: ___ Spousal
	Balance:		Institution: ___ Spousal
	Balance:		Institution: ___ Spousal

NON-REGISTERED INVESTMENTS			
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You:	Balance:		Institution:
	Balance:		Institution:
	Balance:		Institution:
Other Party:	Balance:		Institution:
	Balance:		Institution:
	Balance:		Institution:
Joint:	Balance:		Institution:
	Balance:		Institution:
	Balance:		Institution:

VEHICLES			
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Registered to You	Today's Value: Loan Balance:	Year/Make/Model: Financed By:
Registered to Other Party	Today's Value: Loan Balance:	Year/Make/Model: Financed By:
Registered in Joint Names:	Today's Value: Loan Balance:	Year/Make/Model: Financed By:

RECREATIONAL VEHICLES			
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ATV	Today's Value: Loan Balance:	Registered To: Year/Make/Model: Financed By:
Holiday Camper	Today's Value: Loan Balance:	Registered To: Year/Make/Model: Financed By:
Snowmobile	Today's Value: Loan Balance:	Registered To: Year/Make/Model: Financed By:
Boat	Today's Value: Loan Balance:	Registered To: Year/Make/Model: Financed By:
Other	Today's Value: Loan Balance:	Registered To: Year/Make/Model: Financed By:
Other	Today's Value: Loan Balance:	Registered To: Year/Make/Model: Financed By:

POINTS ACCOUNTS			
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You:	Account 1:	Organization:
	Account 2:	Organization:
Other Party:	Account 1:	Organization:
	Account 2:	Organization:
Joint:	Account 1:	Organization:
	Account 2:	Organization:

BUSINESS INTERESTS	
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You	Legal Name of Business: Operating Name of Business: Province of Registration: Owners: Value of Business:
	Legal Name of Business: Operating Name of Business: Province of Registration: Owners: Value of Business:
Other Party	Legal Name of Business: Operating Name of Business: Province of Registration: Owners: Value of Business:
	Legal Name of Business: Operating Name of Business: Province of Registration: Owners: Value of Business:
Joint	Legal Name of Business: Operating Name of Business: Province of Registration: Owners: Value of Business:
	Legal Name of Business: Operating Name of Business: Province of Registration: Owners: Value of Business:

LIFE INSURANCE POLICIES	
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You:	Institution: Type of Policy: ___ Whole Life ___ Term Life Beneficiaries: Cash Surrender Value:
	Institution: Type of Policy: ___ Whole Life ___ Term Life Beneficiaries: Cash Surrender Value:
Other Party:	Institution: Type of Policy: ___ Whole Life ___ Term Life Beneficiaries: Cash Surrender Value:
	Institution: Type of Policy: ___ Whole Life ___ Term Life Beneficiaries: Cash Surrender Value:

PERSONAL LOANS (not listed above – e.g. loans to/from family members, personal bank loans, etc.)			
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You:	Balance:		Purpose of Loan: Institution:
	Balance:		Purpose of Loan: Institution:
Other Party:	Balance:		Purpose of Loan: Institution:
	Balance:		Purpose of Loan: Institution:

Joint:	Balance:		Purpose of Loan: Institution:
	Balance:		Purpose of Loan: Institution:
CREDIT CARD DEBTS			
You:	Visa MasterCard AMEX	Balance:	<input type="checkbox"/> Balance Paid Off Monthly <input type="checkbox"/> Other Party Has Supplementary Card
Other Party:	Visa MasterCard AMEX	Balance:	<input type="checkbox"/> Balance Paid Off Monthly <input type="checkbox"/> Other Party Has Supplementary Card

Please provide details of the following property:

1. Have you or the other party ever received any inheritances? YES NO
 If so, provide details: _____

2. Have you or the other party ever received any financial awards from the Court? YES NO
 If so, provide details: _____

3. Have you or the other party ever received any insurance proceeds? YES NO
 If so, provide details: _____

4. Do you or the other party have any collections, works of art, or other valuable property not listed above? YES NO
 If so, provide details: _____

5. Describe any major gifts you or the other party have received from a third party.

6. Was any of the property listed above owned at the date you started living together? YES NO
 If so, provide details: _____

7. Is there any other property that you or the other party own that has not been listed above? YES NO
 If so, provide details: _____

8. Have you or the other party sold or given away any property in the past two (2) years? YES NO
 If so, provide details: _____

Please return the following with this Questionnaire:

1. Income Tax Returns & Notices of Assessment for you and your spouse – 3 most recent years
2. If you are an employee: 3 most recent pay stubs OR letter from employer confirming annual income
3. If you own your own business: most recent financial statements from accountant
4. Recent photograph of the other party (required for divorce action)
5. Recent photograph of the child(ren)
6. Parenting After Separation Seminar Certificate (original – yellow)
7. Official marriage certificate from Vital Statistics
8. Copies of any written Agreements with the other party
9. Copies of any Court Orders respecting this relationship
10. Receipts for any expenses listed for the Children
11. Details and Statements for Property Listed if available, including:
 - Real Estate appraisals
 - Bank Accounts
 - Registered Pension Plans
 - Retirement Savings Accounts
 - Non-Registered Investment Accounts
 - Vehicle and Recreational Vehicle Appraisals
 - Points Accounts
 - Details of any Business Interests (valuation, corporate search, shareholder registry, etc.)
 - Personal Loan Statements or Description of Outstanding Balance (vehicles, recreational vehicles, etc.)
 - Credit Card Statements
12. Details of Possible Exemptions from Property Division, including:
 - Inheritances Received
 - Financial Awards from the Court
 - Insurance Proceeds Received
 - Major Gifts Received From 3rd Parties
 - Value of Property Owned At Date of Cohabitation
13. List of Household Goods – either already divided or to be divided