

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

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**Introductory Matters**

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| 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? |  |

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**Intended Mother (Genetic Mother?)**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: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Cohabiting with Partner  
\_\_\_\_\_ Single \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If married, Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name / Address of your Employment: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Are you the Genetic Donor? YES NO

## Intended Father if applicable (Genetic Father?)

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: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Cohabiting with Partner  
\_\_\_\_\_ Single \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If married, Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name / Address of their Employment: \_\_\_\_\_

Are they the Genetic Donor? YES NO

## Gestational Mother (Carrying Child)

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: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Cohabiting with Partner  
\_\_\_\_\_ Single \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If married, Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name / Address of their Employment: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

## Gestational Mother's Partner (if applicable)

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: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Cohabiting with Partner

\_\_\_\_\_ Single \_\_\_\_\_ Separated

\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If married, Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name / Address of their Employment: \_\_\_\_\_

## Questions Relating to Surrogacy Agreement

1. In which province do you plan that the birth will occur?
2. Describe the medical procedure that will be undertaken in order to complete the surrogacy (eg. Who's ova/ovum? Who's sperm?):
3. Does the Gestational Mother and the Gestational Mother's Partner, if applicable, agree that they will not form or attempt to form a parent-child relationship with any child/children that will be gestated pursuant to the Agreement?
4. Describe the medical and psychological screening which has been undergone in anticipation of executing this Agreement (eg. Name of doctors, results)

Name, Contact Info for physician re: medical evaluations: \_\_\_\_\_

Name of psychiatric / psychological testing physician: \_\_\_\_\_

5. Does the Gestational Mother agree that she will not take any steps to therapeutically terminate the pregnancy unless it is of her physician's opinion that such action is necessary?
6. Expenses: List the type of expenses that the Intended Mother and the Intended Father, if applicable, will reimburse to the Carrying Mother and the Carrying Mother's Partner, if applicable:
- \_\_\_\_\_ medical expenses as may be necessary connected with the pregnancy and delivery
  - \_\_\_\_\_ expenses related to the pregnancy, provided that receipts are delivered, such as:
    - \_\_\_\_\_ reasonable travel expenses and accommodation
    - \_\_\_\_\_ maternity clothing
    - \_\_\_\_\_ housekeeping
    - \_\_\_\_\_ child care
    - \_\_\_\_\_ other (please specify):
  - \_\_\_\_\_ legal expenses incurred with respect to the Agreement, not to exceed \$\_\_\_\_\_, the premium being the approximate amount of \$\_\_\_\_\_ per month.
  - \_\_\_\_\_ compensation for lost wages due to pregnancy-related illness and/or maternity leave, not to exceed \$\_\_\_\_\_, provided that a physician's certificate
  - \_\_\_\_\_ life insurance policy premium for Gestational Mother, not to exceed \$\_\_\_\_\_
  - \_\_\_\_\_ Other (please specify):
7. For how long following the end of the pregnancy will the above expenses be paid by the Intended Mother and the Intended Father, if applicable?
8. In the event of the death of one of the Intended Parents prior to legal custody of the child being transferred to them, will the child be placed in the care of the surviving Intended Parent?
9. In the event of the death of both of the Intended Parents prior to legal custody of the child being transferred to them, to whom will care and custody of the child be transferred?
10. In the event of the death of the Gestational Mother prior to legal custody of the child being transferred from her to the Intended Parents, please confirm that it is the Gestational Mother's express wish have care and custody of the child be transferred to the Intended Parents.
11. In the event of separation and/or divorce of the Intended Parents prior to legal custody of the child being transferred to them, to whom will the care and custody of the child be awarded?
- \_\_\_\_\_ Intended Mother

\_\_\_\_\_ Intended Father

\_\_\_\_\_ To both Intended Parents jointly, with the terms of care and custody to be negotiated at the time of the separation and/or divorce

\_\_\_\_\_ Other (please specify):

12. Please confirm that each party to the Agreement will seek independent legal advice with respect to this Agreement.

Name of Lawyer for Intended Parent(s): \_\_\_\_\_

Name of Lawyer(s) for Gestational Carrier / Partner: \_\_\_\_\_

**Please return the following to our firm:**

1. This Questionnaire
2. Copy of any documentation received from the fertility clinic, including any agreements you have entered and/or information you received explaining the procedure that will be undertaken in your particular case.
3. Copy of any agreements made in relation to this surrogacy