



LAWYERS  
ARBITRATORS  
MEDIATORS

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Lloydminster / Wainwright  
T: 780.808.8084 / 780.842.8331  
info@meridianlawgroup.ca • www.meridianlawgroup.ca

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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, e-transfer, Debit

**\*\* 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](http://www.meridianlawgroup.ca).**

In order to expedite your consultation, please complete the attached documents and bring them to your appointment.

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 business-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
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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





- 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 <sup>st</sup> <u>this</u> calendar year	Child Has Passport Yes/No
1.				
2.				
3.				
4.				

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?
1.				
2.				
3.				
4.				

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?

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

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

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

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

If YES, please provide details?

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**Additional Costs Relating to Children:**

1. Do you have any childcare costs? YES NO

If so, provide details: \_\_\_\_\_

How are these costs being paid? \_\_\_\_\_

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

If so, provide details: \_\_\_\_\_

How are these costs being paid? \_\_\_\_\_

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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? \_\_\_\_\_

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

If so, provide details: \_\_\_\_\_

How are these costs being paid? \_\_\_\_\_

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**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:
			<u>    </u> Currently Receiving Pension Income
Other Party:	Balance:		Company:
			<u>    </u> Currently Receiving Pension Income

**RETIREMENT SAVINGS ACCOUNTS (RRSPs, LIRAs, etc.)**

You:	Balance:		Institution:
			<u>    </u> Spousal
	Balance:		Institution:
			<u>    </u> Spousal
Other Party:	Balance:		Institution:
			<u>    </u> Spousal
	Balance:		Institution:
			<u>    </u> Spousal

<b>NON-REGISTERED INVESTMENTS</b>			
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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:

<b>VEHICLES</b>			
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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:

<b>RECREATIONAL VEHICLES</b>			
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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:

<b>POINTS ACCOUNTS</b>			
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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:

<b>BUSINESS INTERESTS</b>	
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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:

<b>LIFE INSURANCE POLICIES</b>	
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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:

<b>PERSONAL LOANS (not listed above – e.g. loans to/from family members, personal bank loans, etc.)</b>			
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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:
<b>CREDIT CARD DEBTS</b>			
You:	Visa MasterCard AMEX	Balance:	___ Balance Paid Off Monthly ___ Other Party Has Supplementary Card
Other Party:	Visa MasterCard AMEX	Balance:	___ Balance Paid Off Monthly ___ 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: \_\_\_\_\_  
\_\_\_\_\_