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

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

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

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

***Please complete ALL questions that are relevant to your situation and return to our office as soon as possible. If you have any questions, please contact our office and we would be happy to help.***

*Proceeding/Action Sought – please check all that are appropriate*

Separation Agreement			Child Support		
Divorce			Spousal Support		
Variation of Existing Order			Division of Property		
Custody Order			Interim (temporary) Order		
Access Order			Other _____		

Have you reached any agreement concerning the proceedings/actions listed above? \_\_\_\_\_

If yes, what were the dates and nature of the agreement(s)? \_\_\_\_\_

Has any proceeding already been started? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, by whom? \_\_\_\_\_ Where? \_\_\_\_\_

If yes, what is the nature of the proceeding? \_\_\_\_\_

(please forward any documentation you have)

If no, is it possible to do a joint application with the other party? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you tried mediation? \_\_\_\_\_ Yes \_\_\_\_\_ No Is mediation possible? \_\_\_\_\_ Yes \_\_\_\_\_ No

**YOUR INFORMATION:**

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
How many years have you been resident in Saskatchewan? \_\_\_\_\_

**OTHER PARTY INFORMATION:**

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
How many years have they been resident in Saskatchewan? \_\_\_\_\_  
Nature of your relationship to this person: \_\_\_\_\_  
Name of their lawyer (*if known*): \_\_\_\_\_

**PARTICULARS OF RELATIONSHIP:**

Are you married to the other party? \_\_\_ Yes \_\_\_ No  
Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
Your surname at time of marriage? \_\_\_\_\_ Theirs \_\_\_\_\_  
Did you live with the other party? \_\_\_ Yes \_\_\_ No For how long? \_\_\_\_\_  
Date of Separation: \_\_\_\_\_ Have you separated before? \_\_\_ Yes \_\_\_ No  
If yes, for how long and what dates? \_\_\_\_\_  
What were the roles of each party during the relationship? \_\_\_\_\_  
\_\_\_\_\_

**CHILDREN:**

<i>Full Name</i>	<i>Age</i>	<i>Date of Birth</i>

Nature of your relationship to the children: \_\_\_\_\_

Nature of other party's relationship to the children: \_\_\_\_\_

Where and with whom do the children reside :

Now? \_\_\_\_\_ During the relationship? \_\_\_\_\_

Do the children have any special needs (financial, educational, or otherwise: eg. childcare, tutor, braces, disabilities, etc.)? Provide details.

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Is there anyone else who does or may have a legal interest in the children? If so, please provide their name, address, phone number and nature of their interest.

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**CARE, CUSTODY AND ACCESS OF THE CHILDREN:**

What is the current **parenting** arrangement?

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What is the proposed **parenting** arrangement?

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Why are the proposed arrangements in the best interest of the children?

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During the relationship, who was the primary caregiver? Provide details of how the children were cared for.

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Have you discussed the proposed arrangement with the other party?  Yes  No  
If so, do they agree?  Yes  No

**PARTICULARS OF RELATIONSHIP BREAKDOWN**

What is the nature of the issue? (ie provide details of the conflict, history, breakdown etc)

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Is there any issues or history regarding any of the following:

Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adultery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alcohol/Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FINANCIAL INFORMATION**

Your annual income: \_\_\_\_\_ Source \_\_\_\_\_

Other party's income: \_\_\_\_\_ Source: \_\_\_\_\_

Are either of you self-employed or a shareholder in a corporation?  Yes  No

If yes, name/type/details/ownership: \_\_\_\_\_

Is there any debt and/or mortgage in issue? \_\_\_\_\_

Is there any child support being paid?  Yes  No Amount: \_\_\_\_\_

Is there a proposal for the future?  Yes  No Amount: \_\_\_\_\_

Is there any spousal support being paid?  Yes  No Amount \_\_\_\_\_

Is there a proposal for the future?  Yes  No Amount: \_\_\_\_\_

**PROPERTY INFORMATION**

Do you and/or the other party own a home in which you both lived?    \_\_\_ Yes    \_\_\_ No

What is the plan for the home? \_\_\_\_\_

Who is living there now? \_\_\_\_\_ Who is paying the bills? \_\_\_\_\_

Do you and the other party have other property?    \_\_\_ Yes    \_\_\_ No

Has it been divided it to your satisfaction?    \_\_\_ Yes    \_\_\_ No

*(If no, please attach a list of items owned, serial numbers if available and desired arrangement for division.)*

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*THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE AS THOROUGHLY AND ACCURATELY AS POSSIBLE. IF YOU FEEL THERE ARE OTHER CIRCUMSTANCES OR DETAILS THAT ARE RELEVANT, PLEASE ATTACH THEM OR INCLUDE THEM ON THE BACK OF ONE OF THE PAGES.*

**ATTENTION: PLEASE NOTE**

*We may require more detailed information regarding your finances and property in the future particularly if there are children involved in your situation. We will contact you if and when this is needed. As well, as your file proceeds may need to access information on your behalf from agencies such as Vital Statistics, Canada Revenue, and banks or insurance companies. It is much timelier and more cost-efficient if you allow us to deal with the agencies directly. All information obtained is of course kept confidential by our office.*

***Please sign the attached consent for this purpose and return to our office along with the questionnaire and contract of service.***