

Your Information						
Full Name:				Date:		
	Last	First		М.І.		
Address:						
	Street Address				Apartment/Unit #	
	City			Province	Postal Code	
Phone:			Email			
Date of Birth	ı:	Occupation:		Employer Name	:	
Employmen Address:	t					
Date of Marriage:		_ Date of Separation:_		Date c Cohabitatior		
		Ch	ildren			
Full Name:				Date of Birth:		
School:						
Full Name:				Date of Birth:		
School:						
Full Name:				Date of Birth:		
School:				Residing with:		
Full Name:				Date of Birth:		
School:				Residing with:		
Full Name:				Date of Birth:		
School:				Residing with:		
				· _		

N S Law Professional Corporation 2 – 20 Owen Street Barrie, Ontario L4M 3G7 Tel.: 705-503-6777 Fax: 705-503-7779

Other Party's Information							
Full Name:							
	Last	First	М.І.				
Address:							
	Street Address			Apartment/Unit #			
	City		Province	Postal Code			
Phone:		Email					
Date of Birth	::	Occupation:	Employer Na	me:			
Employment Address:	t						
		Disclaimer and Signat	ure				
I certify that	my answers are true	and complete to the best of my know					
Signature:			Date:				
		OFFICE USE ONLY					

Original Document Review Copy Attached: Driver's Licence Birth Certificate Passport	ID VERIFIED BY: COUNSELS INITIALS: TYPE OF MATTER:
Other (specify)	
 CHECKLIST Verification Form filled out completely. Copy of Identification provided. 	
Conflict Check completed.	
Retainer Agreement Signed.	

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