## JAMES S. MARKS FAMILY LAWYER

44 Charles Street West • Suite 1720 • Toronto, Ontario M4Y 1R7 T: 416.929.6968 F: 416.929.7380 contact@JamesMarks.ca

# **Uncontested Divorce New Client Questionnaire**

Application Type	Simple	Joint		
Full Legal Name	First			
	Middle			
	Last			
Street Address				
City				
Province				
Postal Code				
Home Phone Number				
Cell Phone Number				
E-mail Address				
Preferred Method of Contact	Telephone	e E-mail	Either	

## Your Spouse's Information

Full Legal Name	First		
	Middle		
	Last		
Street Address			
City			
Province			
Postal Code			
Home Phone Number			
Cell Phone Number			
Marriage Information			
I am the	Husbar	nd	Wife
I have been living separate and apart from my spouse for one or more years	Yes	No	

I have the original Marriage Yes No

Certificate

Date of Marriage MM/DD/YY

Place of Marriage City

Province

Date of Separation MM/DD/YY

Husband's Date of Birth MM/DD/YY

Husband's Place of Residence City

Province

Since (date)

Husband's Surname at Birth

Husband's Surname Before

Marriage

Divorced Before? Yes No

If Yes, Place/Date of previous divorce

Wife's Date of Birth MM/DD/YY

Wife's Place of Residence City

Province

Since (date)

Wife's Surname at Birth

Wife's Surname Before

Marriage

Divorced Before? Yes No

If Yes, Place/Date of previous divorce

### Children's Information (if applicable)

Full Name	Date of Birth (MM/DD/YY)	Resident In (city & province)	Living With (name & relationship)
1.			
2.			
3.			
4.			

#### **Additional Information**

**Questions or Comments** 

How did you hear about our Referral services? Publication

Internet Site

Internet Search Engine

Other