



Family Questionnaire

INFORMATION ABOUT YOU:

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Name:

Address:

Work:

Cel:

If left SK, when did you return?

SK Hosp. #:

CDN Cit.?

Age:

Birth Date:

Birth Place:

Treaty Indian?

Treaty #:

Band:

Address:

Student?

School:

Telephone: Home:

Taking what?

Expected completion date:

FT or PT?

How long have you lived in SK?

Highest ed. obtained:

School:

S.I.N.:

Receive support?

Amount:

Source:

Employed?

FT or PT?

How long?

Hours of work:

Job Duties:

Pay:

Employer:

Employer Address:

Benefits: ☐ Pension? ☐ Life Insurance? ☐ Dental Benefits? ☐ Medical Benefits? ☐ Health Care Benefits?

Benefit details:

Previous emp. experience
(include places, dates &
type of work done):

Job Skills:

Income (if not employed):

INFORMATION ABOUT YOU (continued):**Page 2 of 18**

Name of person you live with:

Income:

Source:

Illnesses, disabilities or special needs (include medications taken and its cost, length of illness and doctor's name):**Special interests** (Outside family & work):**Criminal record or charges outstanding:****What assets do you own** (also state who is listed as an owner)?**What debts do you have** (state total amount and monthly payment)?**INFORMATION ABOUT THE OTHER PARTY TO THIS PROCEEDING:**

Name:

Address:

Telephone: Home:

Work:

Cel:

How long have you lived in SK?

If left SK, when did you return?

S.I.N.:

SK Hosp. #:

CDN Cit.?

Age:

Birth Date:

Birth Place:

Treaty Indian?

Treaty #:

Band:

Student?

School:

Taking what?

Expected completion date:

FT or PT?

INFORMATION ABOUT THE OTHER PARTY TO THIS PROCEEDING (continued):**Page 3 of 18****Highest ed. obtained:** **School:** **Receive support?** **Amount:** **Source:** **Employed?** **FT or PT?** **How long?** **Hours of work:** **Job Duties:** **Pay:** **Employer:** **Employer Address:** **Benefits:** ☐ **Pension?** ☐ **Life Insurance?** ☐ **Dental Benefits?** ☐ **Medical Benefits?** ☐ **Health Care Benefits?****Benefit details:** **Previous employment
experience** (include places,
dates & type of work done):**Job Skills:** **Income** (if not employed): **Name of person lives with:** **Income:** **Source:** **Illnesses, disabilities or
special needs**(include
medications taken and
its cost, length of illness
and doctor's name):**Special interests**
(Outside family
& work):**Criminal record or
charges outstanding:****What assets does
party own** (also state
who is listed as an
owner)?

INFORMATION ABOUT THE OTHER PARTY TO THIS PROCEEDING (continued):**Page 4 of 18**

What debts do you have (state total amount and monthly payment)?

--

Name of child living with party:

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Age:

--

Birth Date:

--

Birth Place:

--

Gender?

--

Grade:

--

School:

--

Parents:

--

Name of child living with party:

--

Age:

--

Birth Date:

--

Birth Place:

--

Gender?

--

Grade:

--

School:

--

Parents:

--

Name of child living with party:

--

Age:

--

Birth Date:

--

Birth Place:

--

Gender?

--

Grade:

--

School:

--

Parents:

--

Name of child living with party:

--

Age:

--

Birth Date:

--

Birth Place:

--

Gender?

--

Grade:

--

School:

--

Parents:

--

Name of child living with party:

--

Age:

--

Birth Date:

--

Birth Place:

--

Gender?

--

Grade:

--

School:

--

Parents:

--

RELATIONSHIP WITH THE OTHER PARTY TO THIS PROCEEDING:

Relationship to other party:

--

Date first met:

--

Ever live with other party? When? Where?

Ever marry other party? When? Where?

Live together before marriage? How long?

How long did you date before living together or marrying?

Spouse's surname at birth: Spouse's surname at time of marriage:

Before relationship, you were: Before relationship, spouse was:

Are you divorced from other party? When?

When did you separate/break up? Sexual intercourse since then?

Why?

Have you tried to get back together since separation/break up? When?

Seen a counsellor? When? Who?

Possible to get back together? Why?

Would counselling assist? Why?

Prior separations? When?

Any agreement re: custody? When? Written/oral?

Content:

Any agreement re: support? When? Written/oral?

Content:

Any agreement re: access? When? Written/oral?

Content:

Any agreement re property? When? Written/oral?

Content:

Any other agreement? When? Written/oral?

Content:

RELATIONSHIP WITH THE OTHER PARTY TO THIS PROCEEDING (continued):**Page 6 of 18**Any action commenced re: custody? When? Where? Disposition: Any action commenced re property? When? Where? Disposition: Any action commenced re: support? When? Where? Disposition: Any action commenced re: divorce? When? Where? Disposition: Any action commenced re: access? When? Where? Disposition: Any action commenced re: restrain? When? Where? Disposition: Any action commenced re intervene? When? Where? Disposition: Any other action commenced? When? Where? Disposition: Prior lawyers? Who? Why did you change lawyers? Relief sought: Custody of children? Support for children? Support for yourself? Divorce? Restraining Order? Visitation rights? Variation/change? Access for another? Property (house)? Other? Will you agree to provide the other party with access to the children? Mediation may be an alternative to a Court proceeding. Do you wish to discuss this with us?

THE CHILDREN YOU HAD WITH THE OTHER PARTY:

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Name of child:

Parents are me and the other party or:

Age:

Birth Date:

Birth Place:

Gender?

Grade:

School:

Is the child:

First Nation?

Metis Nation?

Non aboriginal?

Child's conception date:

Live with father at child's: Birth?

Conception?

Has father:

Signed birth registration?

Acknowledged he is the natural parent?

In what way:

Who has custody?

From when?

Anyone else have custody?

Particulars:

Health:

Interests:

Pets:

Responsibilities:

Personality:

Likes:

Dislikes:

Effect of sep. on child:

Special needs:

THE CHILDREN YOU HAD WITH THE OTHER PARTY:

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Name of child:

Parents are me and the other party or:

Age:

Birth Date:

Birth Place:

Gender?

Grade:

School:

Is the child:

First Nation?

Metis Nation?

Non aboriginal?

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Responsibilities:

Personality:

Likes:

Dislikes:

Effect of sep. on child:

Special needs:

THE CHILDREN YOU HAD WITH THE OTHER PARTY:

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Name of child:

Parents are me and the other party or:

Age:

Birth Date:

Birth Place:

Gender?

Grade:

School:

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First Nation?

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Pets:

Responsibilities:

Personality:

Likes:

Dislikes:

Effect of sep. on child:

Special needs:

THE CHILDREN YOU HAD WITH THE OTHER PARTY:

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Parents are me and the other party or:

Age:

Birth Date:

Birth Place:

Gender?

Grade:

School:

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Who has custody?

From when?

Anyone else have custody?

Particulars:

Health:

Interests:

Pets:

Responsibilities:

Personality:

Likes:

Dislikes:

Effect of sep. on child:

Special needs:

THE CHILDREN YOU HAD WITH THE OTHER PARTY:

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Name of child:

Parents are me and the other party or:

Age:

Birth Date:

Birth Place:

Gender?

Grade:

School:

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Metis Nation?

Non aboriginal?

Child's conception date:

Live with father at child's: Birth?

Conception?

Has father:

Signed birth registration?

Acknowledged he is the natural parent?

In what way:

Who has custody?

From when?

Anyone else have custody?

Particulars:

Health:

Interests:

Pets:

Responsibilities:

Personality:

Likes:

Dislikes:

Effect of sep. on child:

Special needs:

Involved in sexual relationship with anyone other than the party named during time of any child's conception?

Particulars:

Does anyone else have an interest in custody and access that should be notified?

Particulars:

Do you want custody?

Are there any children you are not seeking custody of?

Particulars:

Describe
your
involvement
with your
children:

Any incidents
where you may
have mistreated
your children?

How do you
plan to care for
the children?

Where will you live?

School?

Day to day care?

Will you work?

Particulars?

Do you think the other parent will agree?

Why:

ACCESS ISSUES:

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Are you prepared to agree to reasonable access to the other party?

Why:

Do you feel conditions are necessary for the other party to have access?

Why:

What access are you seeking for children not in your care?

What access has the other party had to date?

Before the Court will grant supervised access, no access, or access with conditions, they require evidence to show that supervised access, no access, or access with conditions, is in the best interests of the children. If you feel supervised access, no access, or conditions are necessary for the other party, you must state that. You must provide information as to why you feel these conditions/restrictions should be made, and why these conditions/restrictions would be in the best interests of the children.

SUPPORT ISSUES:

Name each child for whom you claim support?

How much do you feel you should receive per month for each child?

Support is based on Child Support Guidelines, unless there are compelling reasons. Guidelines are based on payor's gross annual income. If you feel you should receive more than the guidelines' amount, please provide reasons:

What is your out-of-pocket expense for day care/babysitting each month?

Receive day care subsidy?

Amount:

What is the name and address of your day care provider/babysitter?

What extracurricular activities are your children currently involved or registered in? Name the child, activity and cost. You must provide receipts.

List activities children would like to be involved in, if you were able to afford them. Name child, interests and cost. You must provide receipts.

List extraordinary expenses such as orthodontics, prescriptions or glasses for children. Name child & details of expense. You must provide receipts.

List any other unusual expenses for your children that are not mentioned above. Provide details. You must provide receipts.

Provide names of doctors, counsellors or health professionals that children are seeing.

Want support for yourself?

Amount:

Provide your job history from commencement of your relationship with the other party to present.

Provide details of efforts you are taking to become self-sufficient (retraining, schooling).

SUPPORT ISSUES (continued):

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Provide details of opportunities you missed by staying home to raise children.

If request for spousal is health related, must provide details regarding your current health.

Presently receiving support for yourself?

Amount:

Presently receiving support for children?

Amount:

Date last payment received:

Total amount received:

Are there arrears in payments?

Amount:

List any purchases or necessities the other party has made for you and/or the children:

Has the other party regularly purchased Christmas and/or birthday presents for the children?

Is the other party currently paying any medical/dental benefits through his employment for the children?

Other party currently have children named as beneficiaries on employment life insurance or pension plan?

Do you or your spouse pay child support to anyone for children residing with someone else?

Particulars?

What do you know about the income of the other party?

RESTRAINING ORDER ISSUES:

Seeking restraining order?

Physical abuse to you?

Physical abuse to children?

Provide details of most recent incident of abuse.

RESTRAINING ORDER ISSUES (continued):**Page 16 of 18**

Provide details of
most serious
incident of abuse.

When did first incident of abuse happen?

How often has it happened?

Do you want an Order that the other party: Cannot contact you?

Not attend at your home?

PROPERTY ISSUES:

Do you or the other party:

Own a home?

Rent?

Who is living in the home?

In some cases, the home may not have to be sold (or you may be allowed to return to the home) so that the children can continue to live in the home.

What do you want
to happen to the house?

Why?

What do you want
to happen to the
household goods?

Why?

What do you
want to happen
to the debt?

Why?

MAINTENANCE ENFORCEMENT ISSUES:

The Maintenance Enforcement Office registers support orders, records & monitors payments & automatically takes enforcement action if payments are missed or late. We recommend that you register your order with the MEO. If you receive Social Assistance & are granted a support order by the Court, you must register your order with the MEO.

Do you wish to register your order with The Maintenance Enforcement Office?

☐**CONSENT TO DIVULGE INFORMATION:**

It is important that you sign the attached Authorization in front of a witness.

OTHER:

You must provide confirmation of your income. Provide copies of:

- a) six of your most recent pay stubs, Employment Insurance cheques, etc. indicating income earned year to date;
- b) your six most recent income slips from the Department of Social Services; and
- c) if you are a student, your student loan documents.

You must obtain & attach income tax summaries for the past three years. These summaries can be obtained from Revenue Canada. Call 1-800-959-8281 or 975-4595 for more information. Alternatively, you must provide this office with copies of:

- a) every personal income tax return filed for the 3 most recent years, together with all material filed with the return;
- b) Income Tax Summaries for the three most recent taxation years; and
- c) every Notice of Assessment issued to you.

Please remember:

- a) to attach receipts for day care, medical expenses, extra-curricular activities & extraordinary expenses.
- b) If there are any changes in your personal circumstances or the personal circumstances of the children or changes in your financial status (that is, a change in source of income, or you start living with someone else) it is essential that you immediately provide the change(s) in writing to our office so that we always have current information on your file. Failure to keep this office informed of changes may cause delay on your file.

As a party to a family law proceeding, you are required to attend a parenting education program under the terms of section 44.1(3) of The Queen's Bench Act, 1998, as amended. These sessions are conducted regularly in Saskatoon, both on weekday evenings and on Saturdays. Some of the topics covered are "Options for Resolving Disputes;" "Stages of Separation and Divorce;" "Children's Reactions to Separation and Divorce" and "Parenting after Separation/Divorce." It is compulsory that you attend this program. Your matter cannot proceed to court until we have received a Certification of Completion for you. The education program is free of charge. To register or obtain information about the Parent Education Program, please call Family Law Support Services at 1-877-964-5501 or 964-4401.

KEEPING A DIARY:

To show a court factual evidence regarding your case, it is very important that you keep a diary of events. You may find the following helpful in keeping track of your personal situation regarding matters such as custody, access and maintenance.

- a) begin keeping an accurate diary today;
- b) write in your diary daily;
- c) if nothing noteworthy happens in the day, simply state that;
- d) if something does happen that may affect your case, make detailed notes about it;
- e) remember your diary may be needed as evidence in court and should be written in text that is not offensive;
- f) do not use foul language unless you are quoting what the other party said; and
- g) do not resort to name calling in your diary.

TO WHOM IT MAY CONCERN:

I, _____, of _____, SK, DO HEREWITH AND HEREBY CONSENT to your divulging to any representative of Koskie~Helms, Barristers & Solicitors, Suite 3, 501 Gray Avenue, Saskatoon, SK, S7N 2H8, such information as may be requested of you by the said representative of Koskie~Helms.

I HEREBY ACKNOWLEDGE that a photostatic copy of this authorization shall be considered and construed as being as effective as the original thereof.

DATED at _____, SK, on _____, 200____.

Witness

Signature