

Family Dispute Questionnaire

Westbrook Law & Mediation Centre
Suite 208, 11 Fairway Drive
Edmonton, AB T6J 2W4

The information provided in this form will allow me to better understand your situation.
It will be kept confidential and will not be shared without your consent with anyone (except my assistants).

Section 1 Your Information

Your Name			
Name on Birth Certificate	First	Middle	Last
Date of Birth	First	Middle	Last
Place of Birth	dd/mm/yyyy	SIN	ex. 111 111 111
Address	City/ Town	Country	
Who lives with you?	Street	City/ Town	Postal Code
Do you work?	No	Full Time	Part Time
Your Occupation			
Gross Monthly Salary			
Name of your employer			

Section 2 Spouse Information

Spouse/ Ex-Spouse Name			
Where does he/she live?			
Does he/ she work?	No	Full Time	Part Time
His/ Her occupation			
Name of his/ her employer			

Section 3 Relationship

When did you start living together?

When and where did you get married?

When and where did you separate?

At the time of the marriage were you single?	Yes	No	Divorced
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Section 4 Children

Do you have children?	Yes	No
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If yes, please provide their
full names and date of birth

First Name, Last Name	dd/mm/yyyy
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First Name, Last Name	dd/mm/yyyy
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First Name, Last Name	dd/mm/yyyy
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First Name, Last Name	dd/mm/yyyy
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First Name, Last Name	dd/mm/yyyy
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If you are separated, with whom
have the children been living with?

Section 5 Other Information

During your marriage have you or your spouse received any:

Inheritance

Substantial gifts

Personal Injury Settlement

What have you done to deal with your conflict so far?

Counseling

Mediation

Written Agreements

Collaborative Process

Court Proceedings

What are your two most urgent and important issues?

1.

2.

How did you hear about Dr. Dorczak?