

## **Intake Form: Uncontested Divorce**

NOTE: This document is strictly confidential and will only be seen by this office. The information provided will be used to advise you fully and to complete your application for divorce.

### **Requirements:**

- At least one of the spouses must have habitually lived in Ontario for at least one full year, prior to the commencement of divorce proceedings.
- You must be living separate and apart at the time the divorce action is started.

### **Required Documents:**

- Your original marriage certificate
- If applicable, a copy of all Court Orders, Separation Agreements, Domestic Contracts and any other written arrangements which pertain to the marriage or any children of the marriage.

Will you be filing a Joint or Sole Action for divorce? <input type="checkbox"/> Joint <input type="checkbox"/> Sole	
Has division of all property and assets been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>YOUR INFORMATION</u></b>	
Address (incl. postal code):	
Full legal name:	
Telephone number:	
E-mail address:	
Province that you have lived in for the past year:	
Month & Year that you began residing there:	
Place of birth:	Date of birth:
Surname immediately before marriage:	
Surname at birth:	

Marital status immediately before marriage: <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of previous divorce, if applicable:
Employer:
Employer's name, address & telephone number:
Your gross annual income:
<b><u>YOUR CURRENT SPOUSE'S INFORMATION</u></b>
Spouse's full legal name:
Spouse's Address (include postal code):
Spouse's place of birth:
Spouse's date of birth:
Province that your spouse has lived in for the past year:
Month & Year that your spouse began residing there:
Spouse's surname immediately before marriage:
Spouse's surname at birth:
Spouse's marital status immediately before marriage: <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Spouse's employer:
Name, address & telephone number of spouse's employer:
Spouse's gross annual income:
<b><u>RELATIONSHIP INFORMATION</u></b>
Is there any possibility of reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any attempts at reconciliation:

Indicate the beginning and end dates of any periods (*after separation*) during which you and your spouse resumed cohabitation.

Date of marriage:

Date of Separation:

Place of marriage:

**CHILDREN**

Who have the children lived with since separation?

Please provide the full legal name, age, date of birth, school and grade, for each child.

Name	Date of Birth	School & Grade	Where currently Living

Describe any custody arrangements and attach any relevant documents:

Describe access arrangements and attach any relevant documents:

Describe support arrangements or attach any relevant documents: