

DIVORCE QUESTIONNAIRE

INFORMATION REQUIRED AT INITIAL INTERVIEW WITH CLIENT/PETITIONER

1. Client's: (a) Full Name \_\_\_\_\_  
(b) Address \_\_\_\_\_  
\_\_\_\_\_  
(c) Date of Birth \_\_\_\_\_  
(d) Place of Birth \_\_\_\_\_  
(e) Date of Marriage \_\_\_\_\_  
(f) Place of Marriage \_\_\_\_\_  
\_\_\_\_\_  
(g) At time of marriage, client was: Spinster/Bachelor/Divorced/  
Widow/Widower  
(h) Maiden name \_\_\_\_\_  
(Previous Surname) \_\_\_\_\_  
(i) Date of Separation \_\_\_\_\_  
(j) How long lived in Canada? \_\_\_\_\_  
(k) How long lived in Nova Scotia (ordinarily resident/actually  
resided)  
\_\_\_\_\_  
(l) Address in Nova Scotia \_\_\_\_\_  
\_\_\_\_\_

2. Children of client/client's spouse/marriage

Name	Date of Birth/Age	Attend School
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past Care \_\_\_\_\_  
\_\_\_\_\_

Proposed Care \_\_\_\_\_  
\_\_\_\_\_

3. Client's spouse: (a) Full name \_\_\_\_\_  
(b) Address \_\_\_\_\_  
\_\_\_\_\_  
(c) Date of Birth \_\_\_\_\_  
(d) Place of Birth \_\_\_\_\_

- (e) At time of marriage, was Spinster/Bachelor/Divorce/Widow/Widower \_\_\_\_\_
- (f) Maiden name \_\_\_\_\_  
(Previous surname) \_\_\_\_\_
- (g) How long lived in Canada \_\_\_\_\_
- (h) How long lived in Nova Scotia (ordinarily resident/actually resided) \_\_\_\_\_
- (i) Address in Nova Scotia \_\_\_\_\_  
\_\_\_\_\_

4. Possibility/efforts to reconcile: \_\_\_\_\_  
\_\_\_\_\_

5. Advice re: marriage counselling, mediation: \_\_\_\_\_  
\_\_\_\_\_

6. Previous agreements or legal proceedings: \_\_\_\_\_  
\_\_\_\_\_

7.	Employment	Position	Salary
Client:	_____	_____	_____
Spouse:	_____	_____	_____
Third person:	_____	_____	_____

8. To Prepare:

(a) Statement of Financial Information (budget - needs/ability to pay )

(b) Statement of Property

9. Review of Grounds:

- (a) One-year separation
- (b) Adultery
- (c) Cruelty
- (d) Co-Petition feasible?

If grounds involve third person:

Name \_\_\_\_\_

Address \_\_\_\_\_

Cohabiting with Respondent? \_\_\_\_\_

If grounds involve medical profession:

Name of Doctor(s) \_\_\_\_\_

Address \_\_\_\_\_

Get release of information signed \_\_\_\_\_