



## **INFORMATION FORM**

**COMPLETION OF THIS DOCUMENT PRIOR TO THE INITIAL CONSULTATION IS NECESSARY TO PROPERLY ASSESS THE OPTIONS AVAILABLE TO YOU.**

### **\*\* Important Information Please Read \*\***

- (1) This is a fillable form; if you cannot type into this document please update your version of Adobe Reader for free by clicking the button below labeled Update Adobe.
- (2) Mac users you **Must** use **Adobe Acrobat** to open this form **Not Mac Preview**.
- (3) To adjust the viewing area please click the button below labeled Viewing Size.
- (4) To navigate through this form use your Tab key on your keyboard.
- (5) Clicking the blue question marks you see on the page will give you additional help and information.

**PERSONAL DATA**

Surname: \_\_\_\_\_ All Given Names: \_\_\_\_\_

Previous legal names and/or aliases: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Province) (Postal Code)

You have resided at this address since: \_\_\_\_/\_\_\_\_/\_\_\_\_ you have resided in Alberta since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd) (mm) (yyyy) (dd) (mm) (yyyy)

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred written communication: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance No: \_\_\_\_\_ Gender: \_\_\_\_\_  
(dd) (mm) (yyyy)

Occupation(s): \_\_\_\_\_ Current employer(s): \_\_\_\_\_

Highest level of education completed: 0-8 yrs. some high school high school graduate  
some post-secondary post-secondary certificate diploma university degree

Emergency Contact: (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone) \_\_\_\_\_

**MARITAL STATUS**

Married: Widowed: Divorced: Single: Separated: Common-law:

Have you had a change in marital status in the last five years? No Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd) (mm) (yyyy)

**SPOUSAL INFORMATION (if applicable)**

Surname: \_\_\_\_\_ All Given Names: \_\_\_\_\_

Previous legal names and/or aliases: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Province) (Postal Code)

You have resided at this address since: \_\_\_\_/\_\_\_\_/\_\_\_\_ you have resided in Alberta since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd) (mm) (yyyy) (dd) (mm) (yyyy)

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred written communication: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance No: \_\_\_\_\_ Gender: \_\_\_\_\_  
(dd) (mm) (yyyy)

Occupation(s): \_\_\_\_\_ Current employer(s): \_\_\_\_\_

Highest level of education completed: 0-8 yrs. some high school high school graduate  
some post-secondary post-secondary certificate diploma university degree

**DEPENDANTS WHO RELY ON YOU FOR SUPPORT**

Full Name	Relationship	Birth date dd/mm/yyyy	Age	Address if different	Yearly Income
		____/____/____			
		____/____/____			
		____/____/____			
		____/____/____			
		____/____/____			
		____/____/____			

Number of persons in household family unit including yourself over the age of 18 \_\_\_\_\_ Under 18 \_\_\_\_\_

**LIABILITIES**

Owed by?	Creditor	Address (Must be completed if not a common creditor such as RBC, Visa, etc.)	Postal code	Fax Number	Amount of Debt	Account Number	Debt secured Y/N
	BANK OVERDRAFT					Account # _____	
	MORTGAGE					Mortgage # _____	
	VEHICLE					Lease or loan # _____	

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**ASSETS**

	Location (if other than at principal residence)	Basis of Valuation (if other than debtor's opinion)	Percentage Ownership (if less than 100%)	Check if Claimed Exempt	Estimated Liquidation Value
Cash on hand and/or in bank.....	_____	_____	_____	_____	\$ _____
Household furniture and appliances .....	_____	_____	_____	_____	\$ _____
Personal effects (clothing only).....	_____	_____	_____	_____	\$ _____
Cash surrender value of insurance policies (provide details).....	_____	_____	_____	_____	\$ _____
Retirement Saving Plan, Employee Profit Sharing Plan, GIC.....	_____	_____	_____	_____	\$ _____
Stocks, bonds, Credit Union shares, Co-op shares (Co-op #) .....	_____	_____	_____	_____	\$ _____
Shares in limited company (Name & % ownership) .....	_____	_____	_____	_____	\$ _____
Shares in limited company (Name & % ownership).....	_____	_____	_____	_____	\$ _____
Estimated tax refund (state tax year).....	_____	_____	_____	_____	\$ _____
Tools of trade (provide details).....	_____	_____	_____	_____	\$ _____
Other assets.....	_____	_____	_____	_____	\$ _____
Other (detail).....	_____	_____	_____	_____	\$ _____
Other (detail).....	_____	_____	_____	_____	\$ _____
Mobile Home (detail).....	_____	_____	_____	_____	\$ _____

**Motorized & Recreational Vehicles**

(For example: cars, trucks, boats, campers, trailers, motorhomes, motorcycles, snow machines, quads, jet skis etc.)

Year	Make & Model	Mileage	Serial Number	Estimated Liquidation Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Real property	House _____	\$ _____
	Other _____	\$ _____

How did you determine the value of your real property? \_\_\_\_\_

When did you purchase your real property? \_\_\_\_\_

What was the purchase price? \_\_\_\_\_

How much did you put as a down payment? \_\_\_\_\_

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**TOTAL ASUETS** \$ \_\_\_\_\_

**TAX INFORMATION**

In respect of which year were income taxes last filed? \_\_\_\_\_ (Please bring a copy of this tax return)

Estimated tax owing to present date: \$ \_\_\_\_\_

Last refund received: \$ \_\_\_\_\_

Refund still expected: \$ \_\_\_\_\_

Have you owned or had an interest in a business in the last 5 years? Yes No

If yes, give details: \_\_\_\_\_

Name & Address of Business	Corp., Part. Or Sole Prop.	Type of Business	Business Start Date dd/mm/yyyy	Business Stop Date dd/mm/yyyy
			/ /	/ /
			/ /	/ /
			/ /	/ /

Have you guaranteed a loan for business? Yes No

Were any of your debts incurred in the conduct of a business? Yes No

If yes, what percentage of the debts are business debts? \_\_\_\_\_%

What is your GST number (if applicable) \_\_\_\_\_

When was last GST return filed? \_\_\_\_\_ What period did it cover? \_\_\_\_\_

Are there any resource deductions outstanding? \_\_\_\_\_ Details: \_\_\_\_\_

Have you co-signed or guaranteed a debt for anyone? Yes No

If yes, please indicate: Type of debts co-signed or guaranteed: Business Personal Both

Lender's Name & Address	Amount of Loan	Borrower's Name & Address	Is Party Bankrupt?	Business or Personal	Type of Business

Have you received WCB, EI or social assistance in the last 12 months? Yes No

List all sources of income from last year and this year, to the current date.

Earned by?	Source (i.e., list employer's name, or whether EI, Social Assistance, no income, etc.)	Employer's Address	Full or Part Time	Period	
				Started	Ended
				dd/mm/yyyy	dd/mm/yyyy
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /

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**Within the last twelve months have you:**

- 1) Sold, deregistered, disposed of or transferred any of your assets or have you made a transfer from your RRSP to a Home Buyers Plan? Yes  No

If yes, give details (including dates and amounts):

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- 2) Made payments in excess of regular payments to a creditor? Yes  No

If yes, give details (to whom, when, how much):

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- 3) Had any assets seized by any creditor? Yes  No

If yes, give details (by whom, when, when):

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- 4) Have you received or do you expect to receive within the next 12 months, any sums of money which are not related to your regular income or any other assets. e.g. an inheritance or proceeds from civil litigation? Yes  No

If yes, give details:

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- 5) Have you made any arrangements to continue to pay any creditors? Yes  No

If yes, give details:

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- 6) Has any creditor commenced Court action against you? Yes  No

If yes, give details:

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- 7) Has anyone tried to serve a garnishee on your wages? Yes  No

If yes, give details:

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- 8) Have you received or given any assets or lump sum payments as a result of changes in marital status in the last 5 years? Yes  No

If yes, give details:

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- 9) Are you required to make or do you receive alimony and/or maintenance payments? Yes  No

To whom: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

In Canada or elsewhere:

Have you ever filed a proposal? Yes No

Have you ever declared bankruptcy? Yes No

Have you been bankrupt more than once? Yes No

Name of previous Trustee: \_\_\_\_\_ Place Assignment Filed: \_\_\_\_\_

Date of Bankruptcy: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day) (month) (year) (day) (month) (year)

Reason for Previous Bankruptcies: \_\_\_\_\_

What are the causes of your financial difficulty?

\_\_\_\_\_

How do you propose paying for the fees in these proceedings?

\_\_\_\_\_

Who referred you to us? (e.g., Yellow pages, a lawyer, friend, newspaper ad, internet search, website, roadside signage, etc.)

\_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: THE FACT THAT YOU SIGN THIS FORM DOES NOT MEAN THAT YOU HAVE COMMITTED YOURSELF TO FILE AN ASSIGNMENT INTO BANKRUPTCY OR ANY OTHER PROCEEDINGS.

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