



INFORMATION FORM

Completion of this form to the best of your ability will save time and make your initial consultation more efficient and valuable.

If there is a question that you do not understand or are not comfortable in completing, please leave it blank and we can discuss during your consultation.

**** Important Information Please Read ****

- (1)** This is a fillable form. If you cannot type into this document please try the following steps. a) Download to your computer. b) Update your version of Adobe Reader. (It's free from Adobe.com)

- (2)** Mac users you **Must** use **Adobe Acrobat** to open this form **Not Mac Preview**.

PERSONAL DATA

Surname: _____ All Given Names: _____

Previous legal names and/or aliases: _____

Address: _____

(City) (Province) (Postal Code)

You have resided at this address since: ____/____/____
(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): _____

When did you start at your current employer? (mm/yy) _____

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

MARITAL STATUS

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

Have you had a change in marital status in the last five years? 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) _____

Birth date: ____/____/____ Social Insurance No: _____ Gender: _____
(dd) (mm) (yyyy)

Occupation(s): _____ Current employer(s): _____

Highest level of education completed: 0-8 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 _____

Save Your Progress

IMPORTANT: Save button may not function correctly with some browsers. If button is not functioning, Save by right clicking on form with mouse and select 'Save As'.

ASSETS

		Basis of Valuation (Personal opinion, appraisal, statement, etc.)	Percentage Ownership (if less than 100%)	Check if Claimed Exempt	Estimated Liquidation Value
Cash on hand and/or in bank.....	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Household furniture and appliances	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Personal effects (clothing only).....	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Cash surrender value of insurance policies (Statements required).....	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Retirement Saving Plan, Employee Profit Sharing Plan, GIC (Statements required).....	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Stocks, bonds, Credit Union shares, Co-op shares (Statements Required)	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Tools of trade (List required).....	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Other (detail) _____	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Other (detail) _____	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Other (detail) _____	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____
Mobile Home (Registration required).....	\$ _____	_____	_____	<input type="checkbox"/>	\$ _____

Motorized & Recreational Vehicles

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

Year	Make & Model	Mileage	Serial Number		
_____	_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	<input type="checkbox"/>	\$ _____

Residence

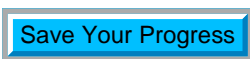
Address _____

How did you determine the value of your home? _____

When did you purchase your home? _____

What was the purchase price? _____

How much did you put as a down payment? _____



Important Note: Save button may not function correctly with some browsers. If button is not functioning, Save by right clicking on form with mouse and select 'Save As'.

Rental Property

Address _____

How did you determine the value of your rental property? _____

When did you purchase your rental property? _____

What was the purchase price? _____

How much did you put as a down payment? _____

TAX INFORMATION

Which year were income taxes last filed? _____

BUSINESS ACTIVITY

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	Corporation or Sole Proprietaryship	Type of Business	Business Start Date dd/mm/yyyy	Business Stop Date dd/mm/yyyy
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___

Did you have a GST # ? _____ If so, enter GST # here _____

When was your last GST return filed? _____

When was the last corporate tax return filed? _____

Amount Owing for Source Deductions (if any): \$ _____

Amount Owing for GST (if any): \$ _____

EMPLOYMENT HISTORY

If you have been at your current employer for less than 12 months, then list previous employers below.

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
				___/___/___
				___/___/___
				___/___/___
				___/___/___

Save Your Progress

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MONTHLY INCOME RECEIVABLE

	Yourself	Spouse	Other members Of the Family Unit	Total for Entire Family Unit
10 Net employment income.....	\$ _____	\$ _____	\$ _____	\$ _____
20 Net pension/Annuities	_____	_____	_____	_____
30 Net child support	_____	_____	_____	_____
40 Net spousal support.....	_____	_____	_____	_____
45 Net employment insurance benefits.....	_____	_____	_____	_____
50 Gross self employment income.....	_____	_____	_____	_____
60 Net self employment income.....	_____	_____	_____	_____
70 Other net income	_____	_____	_____	_____

Provide details: _____

TOTAL MONTHLY INCOME \$ _____ \$ _____ \$ _____ \$ _____

MONTHLY NON-DISCRETIONARY EXPENSES

10 Child Support Payable.....	\$ _____	\$ _____	\$ _____	\$ _____
20 Spousal support payable.....	_____	_____	_____	_____
30 Child care	_____	_____	_____	_____
40 Medical condition expenses.....	_____	_____	_____	_____
50 Fines/Penalties imposed by the court.....	_____	_____	_____	_____
60 Expenses as a condition of employment....	_____	_____	_____	_____
70 Debts where stay has been lifted	_____	_____	_____	_____
80 Other expenses	_____	_____	_____	_____

Provide details: _____

Total Non-Discretionary Expenses.....\$ _____ \$ _____ \$ _____ \$ _____

MONTHLY INCOME AFTER NON-DISCRETIONARY EXPENSES

MONTHLY DISCRETIONARY EXPENSES: (Family unit)

Housing expenses

100 Rent/Mortgage.....	\$ _____
105 Property taxes./ Condo fees.....	_____
110 Heating/Gas/Oil.....	_____
115 Telephone.....	_____
120 Cable	_____
125 Electricity/Hydro	_____
130 Water (if separate)	_____
135 Furniture.....	_____
140 Other (provide detail)	_____

Personal expenses

150 Smoking	_____
155 Alcohol.....	_____
160 Dining/Lunches/Restaurants.....	_____
165 Entertainment/Sports	_____
170 Gifts/Charitable donations/tithing	_____
175 Allowances	_____
180 Other (provide detail)	_____

Non-recoverable medical expenses

200 Prescriptions.....	_____
205 Dental	_____
210 Other non-recoverable medical expenses.....	_____

Living expenses

220 Food/Grocery.....	\$ _____
225 Laundry/Dry cleaning.....	_____
230 Grooming/Toiletries	_____
235 Clothing	_____
240 Other (provide detail)	_____

Transportation expenses

250 Car lease/Payments.....	_____
255 Repair/ Maintenance/Gas.....	_____
260 Public transportation.....	_____
270 Other (provide detail)	_____

Insurance expenses

280 Vehicle.....	_____
285 House.....	_____
290 Furniture/Contents	_____
295 Life insurance	_____
298 Other (provide detail)	_____

Payments

300 To secured creditor	_____
Self.....	_____
Spouse.....	_____
310 To secured creditor	_____
(Other than mortgage and vehicle)	
320 Other (provide detail)	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES..... \$ _____

MONTHLY SURPLUS OR (DEFICIT) \$ _____



IMPORTANT: Save button may not function correctly with some browsers. If button is not functioning, Save by right clicking on form with mouse and select 'Save As'.

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

2) If yes, give details: Name of creditor and name of employer. (Garnishee summons required)

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?

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

Name/Signature

Date

Name/Signature

Date

Step 1: Click Below to Save this document

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Step 2: Click Below to E-mail us this document

IMPORTANT: Make sure that your form was saved in the previous step. You may lose all data entered if you click on 'Email Form' prior to saving form.

