



INITIAL CALL SHEET

Where did you hear about us? (e.g. google reviews, friend etc.):

Client Information

Name of Client: _____ Age: _____ Salary: _____
Profession: _____
Residential City: _____
Telephone: (Cell): _____ Voicemail? Yes No
(Home) _____ Voicemail? Yes No
(Office): _____ Voicemail? Yes No
EMAIL: _____

Opposing Party Information

Name of Spouse/Partner: _____ Age: _____
Profession: _____ Salary: _____

Additional information

Married? Yes No If yes - how long: _____
Date you started living together: _____
Date of Marriage: _____
When did you separate? _____ (Date): _____
Children? Yes No If yes - how many: _____ age(s): _____
Living with who: _____
What City: _____
Have you been served with any court documents? Yes No If yes - Court Date: _____
Name of their Lawyer: _____

Additional Comments:

Date: _____ Time: _____ Signature _____

ONCE COMPLETED PLEASE EMAIL YOUR FORM TO : ADMIN@OTTAWAFAMILYLAW.COM