

**JOA LAW**

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**Client Intake Form Instructions**

1. Please complete the following information honestly and to the best of your abilities. The information will be kept completely private and confidential. If you do not have complete the form online or through Microsoft Word or Adobe PDF, please print and complete the form clearly in blue or black pen.
2. Once completed, please attach (1) your form and (2) a **copy of your valid, authentic, and current Canadian government-issued ID** by clicking the **attachment icon (pin)** at the message box.

The ID may be one of the following: *a Canadian passport, driver's license, provincial photo ID card, Permanent Resident Card, Canadian Citizenship Card, or a Secure Status Card.*

3. After attaching both your completed form and ID, please click the "**SEND MESSAGE**" button at the message box.

**Thank you!**

<b>TODAY'S DATE:</b> <hr/>		For Office Use Only	
<b>CONSULTATION DATE:</b> <hr/>			
<b>1. GENERAL INFORMATION</b>			
Who are you seeking legal services for?		Myself	Someone else
I am considering the following:		Full Retainer (all services)	Limited Scope Retainer (some services)
The legal subject matter:		Child Protection	Family Law
If 'Other', please specify:		<hr/>	
<b>CHILD PROTECTION - What areas do you need assistance with (check all that applies)?</b>			
<input type="checkbox"/> Representation Child Protection Applications		<input type="checkbox"/> Temporary Care & Custody	
<input type="checkbox"/> Summary Judgment Motions		<input type="checkbox"/> Child Protection Trials	
Do you have a Legal Aid - Child Protection Certificate?		Yes	No
<b>FAMILY LAW - What areas do you need assistance with (check all that applies)?</b>			
<input type="checkbox"/> Decision-making/Custody		<input type="checkbox"/> Parenting Time/Contact/Access	
<input type="checkbox"/> Child support		<hr/>	

2. CLIENT PERSONAL INFORMATION					
Surname (last name)		First Name	Middle Name		
Date of Birth		Place of Birth City: _____ Country: _____	Immigration Status _____		
Current Residential (Home) Address					
Street Address:	Unit/Suite:	City:	Province & Country:	Postal Code:	
Can we contact you at the above home address?		Yes	No		
Current Mailing Address <i>(Note: only if different from your current home address; otherwise, please skip)</i>					
Street Adress:	P.O. Box:	Unit/Suite:	City:	Province &Country:	Postal Code:
Can we contact you at the above mailing address?		Yes	No		
Contact Information (include the 3-digit area code)					
Home Phone Number:	Cell Number:	Work Number:	E-mail address:		
Preferred method of communication (check all that applies):					
Home number	Cell number	Work number	E-mail address		
OPTIONAL - Please advise of any special communication instructions or accommodations (i.e., emergency contact, accessibility needs, hours of availability, etc.):					

<p><b>OPTIONAL - Please advise of any identity factors or circumstances that may be relevant to your legal matter or communicating with you (e.g., cultural identity, visually impaired, navigating housing instability, translator required, etc.):</b></p>	
<p> </p>	

### 3. OPPOSING OR OTHER PARTY'S INFORMATION

**The relationship of the opposing/other party to you:** \_\_\_\_\_

Surname (last name)		First Name	Middle Name
_____		_____	_____

**Opposing Party's Contact Information (if known)**

Home Phone Number:	Cell Number:	Work Number:	E-mail address:	Social media (if app):
_____	_____	_____	_____	_____

**Opposing/Other Party's Lawyer information (if known)**

**Is the opposing/other party represented?** Yes No I don't know

**If 'yes', has the lawyer contacted you?** Yes No

**The lawyer's full name and law firm name:** \_\_\_\_\_

Street Adress:	P.O. Box:	Unit/Suite:	City:	Province &Country:	Postal Code:
_____	_____	_____	_____	_____	_____

**Work Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Current Proceedings (if applicable)**

**For your current matter, have you been served with any court documents?** Yes No

**If 'yes', please specify what documents (e.g. – Notice of Motion) and when (the date) were served:**

**Please provide the date(s) of any upcoming matter:**

**4. INFORMATION ABOUT THE CHILDREN INVOLVED (IF APPLICABLE)**

Are there any children involved? \_\_\_\_\_

Provide the following information about your children which includes both biological and legally adopted children.

Child	Full Legal Name	Date of Birth (Month, Day, Year)	Age	Grade/ Year	Who is the child residing with? What country?	Any special health/education needs?
1						
2						
3						
4						

**5. CLIENT INITIALS AND SIGNATURE**

What government-issued ID will you be copying and providing? (Note: You will need to have your original ID with you at the consultation for identity verification purposes) \_\_\_\_\_

Client initials: \_\_\_\_\_

Client signature (electronic or hand-printed- required): \_\_\_\_\_

Today's Date: \_\_\_\_\_

**6. OFFICE USE ONLY (PLEASE DO NOT FILL OUT THIS SECTION)**

Conflict search completed by: _____	Date received: _____	Follow up appointment date (if app): _____
	Date ID verified: _____	Limitation period (if app): _____

**LAWYER'S NOTES**

\_\_\_\_\_