

**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> _____		<b>For Office Use Only</b>	
		<b>CONSULTATION DATE:</b> _____	
<b>1. GENERAL INFORMATION</b>			
<b>Who are you seeking legal services for?</b>	Myself	Someone else	Myself & someone else (joint)
<b>I am considering the following:</b>	Full Retainer (all services)	Limited Scope Retainer (some services)	
<b>The legal subject matter:</b>	Child Protection	Family Law	Other
<b>If 'Other', please specify:</b> _____			
<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"/> Status Review Applications	
<input type="checkbox"/> Summary Judgment Motions	<input type="checkbox"/> Child Protection Trials		
<b>Do you have a Legal Aid - Child Protection Certificate?</b>	<b>Yes</b>	<b>No</b>	
<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	

<input type="checkbox"/> Child Mobility (Relocation)	<input type="checkbox"/> Adoption in Ontario	<input type="checkbox"/> Child Name Change Applications
<input type="checkbox"/> Parental Alienation	<input type="checkbox"/> Grandparent/Third-party rights	
Do you have a Legal Aid – Family Law Certificate? <b>Yes</b> <b>No</b>		
<b>OTHER - What areas do you need assistance with?</b>		
<input type="checkbox"/> Notarization & Commissioning	<input type="checkbox"/> Other (please specify): _____ <i>(Note: Matters other than those listed above are only accepted on a case-by-case basis)</i>	

**2. CLIENT PERSONAL INFORMATION**

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

### 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 Address:

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)**

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

**LAWYER'S NOTES**