

**JOLENE SHKOORATOFF LAW CORPORATION**  
**Barrister, Solicitor & Notary**

Please be advised that as of January 1, 2009, the Law Society of BC rules require lawyers to follow client identification and verification procedures when retained by a client to provide legal services  
Date: \_\_\_\_\_ File Number: \_\_\_\_\_

Please complete the following in full. All information is strictly confidential and is for office records only.

Name: _____	
( Last First Middle )	Phone (home): _____
Address: _____	Phone (work): _____
_____	Phone (cell): _____
_____	Fax (if available): _____
_____	Email: _____
Birthdate: _____	Age: _____ SIN: _____ *required
Employer: _____	
Employer's Address: _____	
Marital Status: ( ) single ( ) married ( ) divorced ( ) common law ( ) other _____	
Name of Opposing Party _____	
Birth Date of Opposing Party _____	
Date of Separation / Divorce (if applicable) _____	

Full Names of Children	Birth date	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
Previous Lawyer: _____		
Referred by: ( ) advertisement ( ) legal Aid ( ) friends ( ) other _____		

<b>DESCRIPTION OF LEGAL MATTER:</b> _____ _____
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<p><b>It is the policy of this office to charge \$500, including tax, for an initial consultation.</b> The difference between the actual cost of your appointment, at Jolene's hourly rate of \$255.00 plus GST &amp; PST, will be available as a credit towards additional fees <b>which must be used within 60 days of your first appointment.</b> If not used within 60 days the credit will be forfeited.</p> <p><b>Please be advised that Visa and MasterCard payments are subject to a 1.8% service charge, billable to you.</b></p> <p>I have read the above and agree _____</p> <p style="text-align: right;">Client signature</p>
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