

**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): \_\_\_\_\_  
\_\_\_\_\_ 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 Cohabitation and of Marriage (if applicable) \_\_\_\_\_

Date of Separation / Divorce (if applicable) \_\_\_\_\_

Full Names of Children	Birth date	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Lawyer: \_\_\_\_\_

Referred by: ( ) advertisement ( ) legal Aid ( ) friends ( ) other \_\_\_\_\_

**DESCRIPTION OF LEGAL MATTER:**

\_\_\_\_\_

\_\_\_\_\_

**It is the policy of this office to charge \$500, including tax, for an initial consultation.**

**Please be advised that Visa and MasterCard payments are subject to a 1.8% service charge, billable to you.**

I have read the above and agree \_\_\_\_\_

Client signature