

# INFORMATION FORM

## OFFICE USE ONLY

Next Meeting: Date - \_\_\_\_\_ Time \_\_\_\_\_  
Enter in Ascend? \_\_\_\_\_ Who - \_\_\_\_\_

### **COMPLETION OF THIS DOCUMENT PRIOR TO THE INITIAL CONSULTATION IS NECESSARY TO PROPERLY ASSESS THE OPTIONS AVAILABLE TO YOU.**

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Proposal terms - \_\_\_\_\_  
Initial Interview Who \_\_\_\_\_ Date \_\_\_\_\_  
Assessment Date - \_\_\_\_\_  
Assessment assisted - \_\_\_\_\_  
Estate Admin - \_\_\_\_\_  
Service location - \_\_\_\_\_  
Other - \_\_\_\_\_

### PERSONAL DATA

Surname: \_\_\_\_\_ All Given Names: \_\_\_\_\_

Previous legal names and/or aliases: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (Province) (Postal Code)

You have resided at this address since: \_\_\_\_/\_\_\_\_/\_\_\_\_ You have resided in Alberta since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day) (month) (year) (day) (month) (year)

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred written communication: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance No.: \_\_\_\_\_ Gender: \_\_\_\_\_  
(day) (month) (year)

Occupation(s): \_\_\_\_\_ Current employer(s): \_\_\_\_\_

Highest level of education completed: 0-8 yrs some high school high school graduate  
some post-secondary post-secondary certificate diploma university degree

### MARITAL STATUS

Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Common-law: \_\_\_\_\_

Have you had a change in marital status in the last five years? No Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day) (month) (year)

### SPOUSAL INFORMATION (if applicable)

Surname: \_\_\_\_\_ All Given Names: \_\_\_\_\_

Previous legal names and/or aliases: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (Province) (Postal Code)

You have resided at this address since: \_\_\_\_/\_\_\_\_/\_\_\_\_ You have resided in Alberta since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day) (month) (year) (day) (month) (year)

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred written communication: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance No.: \_\_\_\_\_ Gender: \_\_\_\_\_  
(day) (month) (year)

Occupation(s): \_\_\_\_\_ Current employer(s): \_\_\_\_\_

### DEPENDANTS WHO RELY ON YOU FOR SUPPORT

Full Name	Relationship	Birth date			Age	Address if different	Yearly Income
		(dd)	(mm)	(yy)			

Number of persons in household family unit including yourself over the age of 18 \_\_\_\_\_ Under 18 \_\_\_\_\_



**ASSETS**

**Furniture and Appliances:**

State the number of each of the items you own and indicate the estimated value calculated at auction or **garage sale** price.

#	Estimated Value	#	Estimated Value	#	Estimated Value
___ Stove	_____	___ Dining Room Suite	_____	___ Beds	_____
___ Refrigerator	_____	___ Chairs	_____	___ Night Tables	_____
___ Dishwasher	_____	___ Sofa/Loveseat	_____	___ Dressers	_____
___ Microwave	_____	___ Recliners	_____	___ Cedar chests	_____
___ Tables/Chairs	_____	___ Entertainment Ctr.	_____	___ Desks	_____
___ Freezer	_____	___ Coffee/End Tables	_____	___ Bookcases	_____
___ Washer	_____	___ Lamps	_____	Other	_____
___ Dryer	_____	___ Area Rugs	_____	_____	_____
___ Patio Furniture	_____	___ Lawn Mower	_____	_____	_____

Location of above assets if other than at your home: \_\_\_\_\_ Total Estimated Value: \_\_\_\_\_

**Other Assets:** Describe and indicate the estimated value calculated at auction or **garage sale** price.

	Estimated Value		Estimated Value		Estimated Value
Computer	_____	China/Crystal	_____	Pool Table	_____
Printer/Scanner	_____	Silverware	_____	Swimming Pool/Hot Tub	_____
Fax	_____	Paintings	_____	Tools	_____
Television	_____	Sculptures	_____	Sewing Machine/Serger	_____
Television	_____	Antiques	_____	Sports Equipment	_____
VCR/DVD	_____	Piano	_____	Camping Equipment	_____
Stereo	_____	Other Instruments	_____	Guns	_____
Video camera	_____	Wedding Rings	_____	Collections	_____
Camera (digital? y/n)	_____	Jewelry – Other	_____	Other - _____	_____
Other Electronics	_____	Furs	_____	Other - _____	_____

Location of above assets if other than at your home: \_\_\_\_\_ Total Estimated Value: \_\_\_\_\_

**ASSETS** (continued)

	Details/Location	Check if Claimed Exempt	Estimated Liquidation Value
Cash on hand and/or in bank	_____	_____	\$ _____
Household furniture and appliances (value from page 3)	_____	_____	\$ _____
Personal effects (clothing only)	_____	_____	\$ _____
Cash surrender value of insurance policies (provide details)	_____	_____	\$ _____
Retirement Saving Plan, Employee Profit Sharing Plan, GIC	_____	_____	\$ _____
Stocks, bonds, Credit Union shares, Co-op shares (Co-op #)	_____	_____	\$ _____
Shares in limited company (name & % ownership)	_____	_____	\$ _____
Shares in limited company (name & % ownership)	_____	_____	\$ _____
Estimated tax refund (state tax year)	_____	_____	\$ _____
Tools of trade (provide details)	_____	_____	\$ _____
Other assets (value from page 3)	_____	_____	\$ _____
Other (detail)	_____	_____	\$ _____
Other (detail)	_____	_____	\$ _____
Mobile Home (detail)	_____	_____	\$ _____

**Motorized & Recreational Vehicles**  
(for example: cars, trucks, boats, campers, trailers, motorhomes, motorcycles, snow machines, quads, jetskis etc.)

Year	Make & Model	Mileage	Serial Number		
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Real property	House _____		\$ _____
	Other _____		\$ _____

How did you determine the value of your real property?

\_\_\_\_\_

When did you purchase your real property?

**TOTAL ASSETS** \$ \_\_\_\_\_

Have you owned or had an interest in a business in the last 5 years?

Yes

No

If yes, give details:

Name & Address of Business	Corp., Part. or Sole Prop.	Type of Business	Business Start Date	Business Stop Date

Have you guaranteed a loan for business?

Yes

No

Were any of your debts incurred in the conduct of a business?

Yes

No

If yes, what percentage of the debts are business debts?

\_\_\_\_\_ %

Have you co-signed or guaranteed a debt for anyone?

Yes

No

If yes, please indicate:

Type of debts co-signed or guaranteed:

Business

Personal

Both

Lender's Name & Address	Amount of Loan	Borrower's Name & Address	Is Party Bankrupt?	Business or Personal	Type of Business

In Canada or elsewhere:

Have you ever filed a proposal?

Yes

No

Have you ever declared bankruptcy?

Yes

No

Have you been bankrupt more than once?

Yes

No

Name of previous Trustee: \_\_\_\_\_

Place Assignment Filed: \_\_\_\_\_

Date of Bankruptcy: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(day) (month) (year)

Date of Discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(day) (month) (year)

Reason for Previous Bankruptcies: \_\_\_\_\_

List all sources of income from last year and this year, to the current date.

Source (i.e., list employer's name, or whether EI, Social Assistance, no income, etc.)	Employer's Address	Period	
		Started	Ended

<b>MONTHLY INCOME RECEIVABLE</b>	Yourself	Spouse	Other members Of the Family Unit	Total for Entire Family Unit
10 Net employment income.....	\$ _____	\$ _____	\$ _____	
20 Net pension/Annuities.....	_____	_____	_____	
30 Net child support receivable.....	_____	_____	_____	
40 Net spousal support receivable.....	_____	_____	_____	
45 Child Tax & Child Care Benefits.....	_____	_____	_____	
50 Net employment insurance benefits.....	_____	_____	_____	
60 Net social assistance (Welfare).....	_____	_____	_____	
70 Self-employment income (Gross \$ _____) Net.....	_____	_____	_____	
90 Other net income.....	_____	_____	_____	
<i>Provide details:</i>				
<b>TOTAL MONTHLY INCOME</b>	\$ _____ (1)	\$ _____ (2)	\$ _____ (3)	\$ _____ (4) (1)+(2)+(3)

**MONTHLY NON-DISCRETIONARY EXPENSES**

10 Child support payable.....	\$ _____	\$ _____	\$ _____	
20 Spousal support payable.....	_____	_____	_____	
30 Child care.....	_____	_____	_____	
40 Medical condition expenses.....	_____	_____	_____	
50 Fines/Penalties imposed by the court.....	_____	_____	_____	
60 Expenses as a condition of employment.....	_____	_____	_____	
70 Legal fees.....	_____	_____	_____	
80 Other expenses.....	_____	_____	_____	
<i>Provide details:</i>				
<b>TOTAL MONTHLY NON-DISCRETIONARY EXPENSES.....</b>	\$ _____ (5)	\$ _____ (6)	\$ _____ (7)	\$ _____ (8) (5)+(6)+(7)

**MONTHLY INCOME AFTER NON-DISCRETIONARY EXPENSES** \$ \_\_\_\_\_ (9)  
(4)-(8)

**MONTHLY DISCRETIONARY EXPENSES: (Family unit)**

**Housing expenses**

100 Rent/Mortgage.....	_____
105 Property taxes.....	_____
106 Condo fees.....	_____
110 Heating/Gas/Oil.....	_____
115 Telephone.....	_____
120 Cable.....	_____
125 Electricity/Hydro.....	_____
130 Water (if separate).....	_____
135 Furniture.....	_____
140 Other (provide detail).....	_____

**Personal expenses**

150 Smoking.....	_____
155 Alcohol.....	_____
160 Dining/Lunches/Restaurants.....	_____
165 Entertainment/Sports.....	_____
170 Gifts/Charitable donations/tithing.....	_____
175 Allowances.....	_____
180 Other (provide detail).....	_____

**Non-recoverable medical expenses**

200 Prescriptions.....	_____
205 Dental.....	_____
206 AHC/Blue Cross.....	_____
210 Other (provide detail).....	_____

**Living expenses**

220 Food/Grocery.....	_____
225 Laundry/Dry cleaning.....	_____
230 Grooming/Toiletries.....	_____
235 Clothing.....	_____
240 Other (provide detail).....	_____

**Transportation expenses**

250 Car lease/Payments.....	_____
255 Repair/ Maintenance/Gas.....	_____
260 Public transportation.....	_____
270 Other (provide detail).....	_____

**Insurance expenses**

280 Vehicle.....	_____
285 House.....	_____
290 Furniture/Contents.....	_____
295 Life insurance.....	_____
298 Other (provide detail).....	_____

**Payments**

300 To the estate:	
Self.....	_____
Spouse.....	_____
310 To secured creditor.....	_____
<i>(Other than mortgage and vehicle)</i>	
320 Other (provide detail).....	_____

**TOTAL MONTHLY DISCRETIONARY EXPENSES.....** \$ \_\_\_\_\_ (10)

**MONTHLY SURPLUS OR (DEFICIT)** ..... \$ \_\_\_\_\_  
(9)-(10)

**Within the last twelve months have you:**

- 1) Sold, deregistered, disposed of or transferred any of your assets **or** have you made a transfer from your RRSP to a Home Buyers Plan? Yes No  
If yes, give details (including dates and amounts): \_\_\_\_\_
- 2) Made payments in excess of regular payments to a creditor? Yes No  
If yes, give details (to whom, when, how much): \_\_\_\_\_
- 3) Had any assets seized by any creditor? Yes No  
If yes, give details (by whom, when, when): \_\_\_\_\_

**Within the last five years have you:**

- 4) Sold, disposed of or transferred any assets over \$3,000? Yes No  
If yes, give details: \_\_\_\_\_  
Did you know yourself to be insolvent at that time? Yes No
- 5) Made any gifts to relatives or others in excess of \$500? Yes No  
If yes, give details: \_\_\_\_\_  
Did you know yourself to be insolvent at that time? Yes No
- 6) Have you received or do you expect to receive within the next 12 months, any sums of money which are not related to your normal income or any other assets, e.g. an inheritance or proceeds from civil litigation? Yes No  
If yes, give details: \_\_\_\_\_
- 7) Have you made any arrangements to continue to pay any creditors? Yes No  
If yes, give details: \_\_\_\_\_
- 8) Has any creditor commenced Court action against you? Yes No  
If yes, give details: \_\_\_\_\_
- 9) Has anyone tried to serve a garnishee on your wages? Yes No  
If yes, give details: \_\_\_\_\_
- 10) Have you received or given any assets or lump sum payments as a result of changes in marital status in the last 5 years? Yes No  
If yes, give details: \_\_\_\_\_
- 11) Are you required to make or do you receive alimony and/or maintenance payments? Yes No  
To whom: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

12) When did you first become aware that you were insolvent? \_\_\_\_\_

(See definition of "insolvency" in paragraph 10 on page 5 of the *Initial Consultation for an Insolvent Person*)

13) In respect of which year were income taxes **last** filed? \_\_\_\_\_ **(Please bring a copy of this tax return)**

Estimated taxes owing to present date: \$ \_\_\_\_\_

Last refund received: \$ \_\_\_\_\_

Refund still expected: \$ \_\_\_\_\_

14) What is your GST number (if applicable) \_\_\_\_\_

When was last GST return filed? \_\_\_\_\_ What period did it cover? \_\_\_\_\_

What are the causes of your financial difficulty?

How do you propose paying for the fees in these proceedings?

Who referred you to us? (e.g., Yellow pages, a lawyer, friend, etc.) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT AND FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: THE FACT THAT YOU SIGN THIS FORM DOES NOT MEAN THAT YOU HAVE COMMITTED YOURSELF TO FILE AN ASSIGNMENT INTO BANKRUPTCY OR ANY OTHER PROCEEDINGS.**

**OFFICE USE ONLY**

Number in family unit: \_\_\_\_\_

Form 65 comments: \_\_\_\_\_

S.170 comments: \_\_\_\_\_

Other comments: \_\_\_\_\_