

# **Family Questionnaire**

| INFORMATION ABOUT YOU:   | Page 1 of 18   |
|--|----------------|
| Name:  |                |
| Address:   |                |
| Telephone: Home: Work: Cel:  |                |
| How long have you lived in SK? If left SK, when did you return?              |                |
| S.I.N.: SK Hosp. #: CDN Cit  | .?             |
| Age: Birth Date: Birth Place:  |                |
| Treaty Indian?   |                |
| Student? School:   |                |
| Taking what? Expected completion date: FT or P                               | Т?             |
| Highest ed. obtained: School:  |                |
| Receive support?   |                |
| Employed? How long? Hours of work:   |                |
| Job Duties: Pay:   |                |
| Employer:  |                |
| Employer Address:  |                |
| Benefits: Pension? Life Insurance? Dental Benefits? Medical Benefits? Health | Care Benefits? |
| Benefit details:   |                |
| Previous emp. experience (include places, dates & type of work done):        |                |
| Job Skills:  |                |
| Income (if not employed):  |                |

| INFORMATION ABOUT YOU (continued):  | Page 2 of 18                 |
|---|------------------------------|
| Name of person you live with:   |                              |
| Income: Source:   |                              |
| Illnesses, disabilities or special needs (include medications taken and its cost, length of illness and doctor's name): |                              |
| Special interests (Outside family & work):  |                              |
| Criminal record or charges outstanding:   |                              |
| What assets do you own (also state who is listed as an owner)?  |                              |
| What debts do you have (state total amount and monthly payment)?  |                              |
| INFORMATION ABOUT THE OTHER PARTY TO T  | HIS PROCEEDING:              |
| Name:   |                              |
| Address:  |                              |
| Telephone: Home: Work:  | Cel:                         |
| How long have you lived in SK?  | eft SK, when did you return? |
| S.I.N.: SK Hosp. #:   | CDN Cit.?                    |
| Age: Birth Date: Birth P  | lace:                        |
| Treaty Indian? Treaty #:  | Band:                        |
| Student? School:  |                              |
| Taking what? Expected comple  | tion date: FT or PT?         |

| INFORMATION ABOUT  | Г ТНЕ ОТНЕБ     | R PARTY TO | THIS PRO | CEEDING (conti    | nued):   | Page 3 of 18  |
|--|-----------------|------------|----------|-------------------|----------|---------------|
| Highest ed. obtained:  | School:         |            |          |                   |          |               |
| Receive support?   | Amount:         |            | Source:  |                   |          |               |
| Employed? FT o   | or PT?          | How long?  |          | Hours of work:    |          |               |
| Job Duties:  |                 |            |          | Pay:              |          |               |
| Employer:  |                 |            |          |                   |          |               |
| Employer Address:  |                 |            |          |                   |          |               |
| Benefits: Pension?   | Life Insurance? | Dental Be  | nefits?  | Medical Benefits? | Health C | are Benefits? |
| Benefit details:   |                 |            |          |                   |          |               |
| Previous employment experience (include places, dates & type of work done):  |                 |            |          |                   |          |               |
| Job Skills:  |                 |            |          |                   |          |               |
| <b>Income</b> (if not employed):   |                 |            |          |                   |          |               |
| Name of person lives with:   |                 |            |          |                   |          |               |
| Income:  | Source:         |            |          |                   |          |               |
| Illnesses, disabilities or special needs(include medications taken and its cost, length of illness and doctor's name): |                 |            |          |                   |          |               |
| Special interests (Outside family & work):   |                 |            |          |                   |          |               |
| Criminal record or charges outstanding:  |                 |            |          |                   |          |               |
| What assets does party own (also state who is listed as an owner)?   |                 |            |          |                   |          |               |

| INFORMATION ABO  | UT THE OTHER PARTY T  | O THIS PROCEEDING (co | ontinued): Page 4 of 18 |
|--|-----------------------|-----------------------|-------------------------|
| What debts do you have (state total amount and monthly payment)? |                       |                       |                         |
| Name of child living with pa                                     | arty:                 |                       |                         |
| Age: Birth Date  | : B                   | rth Place:            |                         |
| Gender? Grad   | e: School:            |                       |                         |
| Parents:   |                       |                       |                         |
| Name of child living with pa                                     | nrty:                 |                       |                         |
| Age: Birth Date  | : B                   | rth Place:            |                         |
| Gender? Grad   | e: School:            |                       |                         |
| Parents:   |                       |                       |                         |
| Name of child living with pa                                     | arty:                 |                       |                         |
| Age: Birth Date  | : B                   | rth Place:            |                         |
| Gender? Grad   | e: School:            |                       |                         |
| Parents:   |                       |                       |                         |
| Name of child living with pa                                     | arty:                 |                       |                         |
| Age: Birth Date  | : B                   | rth Place:            |                         |
| Gender? Grad   | e: School:            |                       |                         |
| Parents:   |                       |                       |                         |
| Name of child living with pa                                     | arty:                 |                       |                         |
| Age: Birth Date  | : B                   | rth Place:            |                         |
| Gender? Grad   | e: School:            |                       |                         |
| Parents:   |                       |                       |                         |
| DEL AGRANGIAN WAS  |                       | THE PROCEEDING        |                         |
|  | TH THE OTHER PARTY TO |                       |                         |
| Relationship to other party                                      |                       | Date first met:       |                         |

| RELATIONSHIP WITH THE                   | OTHER PARTY TO          | O THIS PROCEEDING (continued):     | Page 5 of 18 |
|---|-------------------------|------------------------------------|--------------|
| Ever live with other party?             | When?                   | Where?                             | 1            |
| Ever marry other party?                 | When?                   | Where?                             |              |
| Live together before marriage?          | How long?               |                                    |              |
| How long did you date before living to  | ogether or marrying?    |                                    |              |
| Spouse's surname at birth:              | Spo                     | use's surname at time of marriage: |              |
| Before relationship, you were:          |                         | Before relationship, spouse was:   |              |
| Are you divorced from other party?      | When?                   |                                    |              |
| When did you separate/break up?         |                         | Sexual intercourse since then?     |              |
| Why?                                    |                         |                                    |              |
| Have you tried to get back together sin | nce separation/break up | ? When?                            |              |
| Seen a counsellor? Who                  | en?                     | Who?                               |              |
| Possible to get back together?          | Why?                    |                                    |              |
| Would counselling assist?               | Why?                    |                                    |              |
| Prior separations?                      | /hen?                   |                                    |              |
| Any agreement re: custody?              | When?                   | Written/oral?                      |              |
| Content:                                |                         |                                    |              |
| Any agreement re: support?              | When?                   | Written/oral?                      |              |
| Content:                                |                         |                                    |              |
| Any agreement re: access?               | When?                   | Written/oral?                      |              |
| Content:                                |                         |                                    |              |
| Any agreement re property?              | When?                   | Written/oral?                      |              |
| Content:                                |                         |                                    |              |
| Any other agreement?                    | When?                   | Written/oral?                      |              |
| Content:                                |                         |                                    |              |

| RELATIONSHIP WITH THE OTHER PARTY TO THIS PROCEEDING (continued): Page 6 of 18 |                                 |                         |                    |  |  |  |  |
|--|---------------------------------|-------------------------|--------------------|--|--|--|--|
| Any action commenced re: custody?  | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Any action commenced re property?  | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Any action commenced re: support?  | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Any action commenced re: divorce?  | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Any action commenced re: access?   | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Any action commenced re: restrain?   | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Any action commenced re intervene?   | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Any other action commenced?  | When?                           | Where?                  |                    |  |  |  |  |
| Disposition:   |                                 |                         |                    |  |  |  |  |
| Prior lawyers? Who?  |                                 |                         |                    |  |  |  |  |
| Why did you change lawyers?  |                                 |                         |                    |  |  |  |  |
| Relief sought: Custody of children?  | Support for childre             | n? Supp                 | oort for yourslef? |  |  |  |  |
| Divorce? Restraining On  | rder? Visitation ri             | ghts? Va                | riation/change?    |  |  |  |  |
| Access for another?  | operty (house)?                 | Other?                  |                    |  |  |  |  |
| Will you agree to provide the other par  | ty with access to the children? |                         |                    |  |  |  |  |
| Mediation may be an alternative to a C   | ourt proceeding. Do you wish t  | o discuss this with us? |                    |  |  |  |  |

| THE CHILDRDEN YOU HAD W                | ТТН ТНЕ ОТІ | HER PARTY:                |                             |      |
|--|-------------|---------------------------|-----------------------------|------|
| Name of child:                         |             | <u>'</u>                  |                             |      |
| Parents are me and the other party or: |             |                           |                             |      |
| Age: Birth Date:                       |             | Birth Place:              |                             |      |
| Gender? Grade:                         | School:     |                           |                             |      |
| Is the child: First Nation?            |             | Metis Nation?             | Non aborigi                 | nal? |
| Child's conception date:               | Live with   | father at child's: Birth? | Conception                  | on?  |
| Has father: Signed birth registr       | ration?     | Acknowle                  | dged he is the natural pare | nt?  |
| In what way:                           |             |                           |                             |      |
| Who has custody?                       | From when?  |                           | Anyone else have custody    | y?   |
| Particulars:                           |             |                           |                             |      |
| Health:                                |             |                           |                             |      |
| Interests:                             |             |                           |                             |      |
| Pets:                                  |             |                           |                             |      |
| Responsibilities:                      |             |                           |                             |      |
| Personality:                           |             |                           |                             |      |
| Likes:                                 |             |                           |                             |      |
| Dislikes:                              |             |                           |                             |      |
| Effect of sep. on child:               |             |                           |                             |      |
| Special needs:                         |             |                           |                             |      |

| THE CHILDRDEN YOU H              | IAD WITH THE O  | THER PARTY:                  |                               | Page 8 of 18 |
|----------------------------------|-----------------|------------------------------|-------------------------------|--------------|
| Name of child:                   |                 |                              |                               |              |
| Parents are me and the other par | rty or:         |                              |                               |              |
| Age: Birth Date:                 |                 | Birth Place:                 |                               |              |
| Gender? Grade:                   | School:         |                              |                               |              |
| Is the child: First Nati         | ion?            | Metis Nation?                | Non aborigina                 | 1?           |
| Child's conception date:         | Live wi         | th father at child's: Birth? | Conception                    | 1?           |
| Has father: Signed birth         | h registration? | Acknowle                     | dged he is the natural parent | ?            |
| In what way:                     |                 |                              |                               |              |
| Who has custody?                 | From when?      |                              | Anyone else have custody?     |              |
| Particulars:                     |                 |                              |                               |              |
| Health:                          |                 |                              |                               |              |
| Interests:                       |                 |                              |                               |              |
| Pets:                            |                 |                              |                               |              |
| Responsibilities:                |                 |                              |                               |              |
| Personality:                     |                 |                              |                               |              |
| Likes:                           |                 |                              |                               |              |
| Dislikes:                        |                 |                              |                               |              |
| Effect of sep. on child:         |                 |                              |                               |              |
| Special needs:                   |                 |                              |                               |              |

| THE (     | CHILD        | RDEN YOU      | J HAD W       | ТТН ТНЕ О  | THER PARTY:           |         |                |               | Page 9 of 18 |
|-----------|--------------|---------------|---------------|------------|-----------------------|---------|----------------|---------------|--------------|
| Name o    | of child:    |               |               |            |                       |         |                |               |              |
| Parents   | s are me     | and the other | party or:     |            |                       |         |                |               |              |
| Age:      |              | Birth Date:   |               |            | Birth Place:          |         |                |               |              |
| Gender    | ?            | Grade:        |               | School:    |                       |         |                |               |              |
| Is the cl | hild:        | First I       | Nation?       |            | Metis Nation          | ?       |                | Non aborigin  | al?          |
| Child's   | conception   | on date:      |               | Live wi    | th father at child's: | Birth?  |                | Conception    | n?           |
| Has fat   | her:         | Signed b      | oirth registr | ation?     | A                     | cknowle | dged he is the | natural paren | t?           |
| In what   | t way:       |               |               |            |                       |         |                |               |              |
| Who ha    | as custod    | y?            |               | From when? |                       |         | Anyone else    | have custody? |              |
| Particu   | ılars:       |               |               |            |                       |         |                |               |              |
| Health    | :            |               |               |            |                       |         |                |               |              |
| Interes   | ts:          |               |               |            |                       |         |                |               |              |
| Pets:     |              |               |               |            |                       |         |                |               |              |
| Respon    | nsibilities: | :             |               |            |                       |         |                |               |              |
| Persona   | ality:       |               |               |            |                       |         |                |               |              |
| Likes:    |              |               |               |            |                       |         |                |               |              |
| Dislike   | s:           |               |               |            |                       |         |                |               |              |
| Effect (  | of sep. on   | child:        |               |            |                       |         |                |               |              |
| Special   | needs:       |               |               |            |                       |         |                |               |              |

| THE CHILDRDE            | N YOU HAD W           | ITH THE O  | THER PARTY:           |            |               | P             | age 10 of 18 |
|-------------------------|-----------------------|------------|-----------------------|------------|---------------|---------------|--------------|
| Name of child:          |                       |            | ,                     |            |               |               |              |
| Parents are me and the  | ne other party or:    |            |                       |            |               |               |              |
| Age: Birtl              | h Date:               |            | Birth Place:          |            |               |               |              |
| Gender?                 | Grade:                | School:    |                       |            |               |               |              |
| Is the child:           | First Nation?         |            | Metis Nation?         |            | N             | lon aborigina | 1?           |
| Child's conception da   | te:                   | Live wit   | th father at child's: | Birth?     |               | Conception    | ?            |
| Has father:             | Signed birth registra | ation?     | Ac                    | eknowledge | d he is the n | atural parent | ?            |
| In what way:            |                       |            |                       |            |               |               |              |
| Who has custody?        |                       | From when? |                       | A          | nyone else h  | ave custody?  |              |
| Particulars:            |                       |            |                       |            |               |               |              |
| Health:                 |                       |            |                       |            |               |               |              |
| Interests:              |                       |            |                       |            |               |               |              |
| Pets:                   |                       |            |                       |            |               |               |              |
| Responsibilities:       |                       |            |                       |            |               |               |              |
| Personality:            |                       |            |                       |            |               |               |              |
| Likes:                  |                       |            |                       |            |               |               |              |
| Dislikes:               |                       |            |                       |            |               |               |              |
| Effect of sep. on child | :                     |            |                       |            |               |               |              |
| Special needs:          |                       |            |                       |            |               |               |              |

| THE (     | CHILD       | RDEN YOU      | J HAD W       | TTH THE O  | THER PARTY:           |         |                   |               | Page 11 of 18 |
|-----------|-------------|---------------|---------------|------------|-----------------------|---------|-------------------|---------------|---------------|
| Name o    | of child:   |               |               |            |                       |         |                   |               |               |
| Parents   | s are me    | and the other | party or:     |            |                       |         |                   |               |               |
| Age:      |             | Birth Date:   |               |            | Birth Place:          |         |                   |               |               |
| Gender    | r?          | Grade:        |               | School:    |                       |         |                   |               |               |
| Is the cl | hild:       | First I       | Nation?       |            | Metis Nation?         |         |                   | Non aborigin  | al?           |
| Child's   | concepti    | on date:      |               | Live wit   | th father at child's: | Birth?  |                   | Conceptio     | n?            |
| Has fat   | her:        | Signed b      | oirth registr | ation?     | Ac                    | cknowle | edged he is the i | natural paren | nt?           |
| In what   | t way:      |               |               |            |                       |         |                   |               |               |
| Who ha    | as custod   | y?            |               | From when? |                       |         | Anyone else       | have custody  | ?             |
| Particu   | ılars:      |               |               |            |                       |         |                   |               |               |
| Health    | :           |               |               |            |                       |         |                   |               |               |
| Interes   | ts:         |               |               |            |                       |         |                   |               |               |
| Pets:     |             |               |               |            |                       |         |                   |               |               |
| Respon    | nsibilities | :             |               |            |                       |         |                   |               |               |
| Persona   | ality:      |               |               |            |                       |         |                   |               |               |
| Likes:    |             |               |               |            |                       |         |                   |               |               |
| Dislikes  | s:          |               |               |            |                       |         |                   |               |               |
| Effect (  | of sep. on  | child:        |               |            |                       |         |                   |               |               |
| Special   | needs:      |               |               |            |                       |         |                   |               |               |

| CUSTODY ISSUES:   | Page 12 of | f 18 |
|---|------------|------|
| Involved in sexual relationship with anyone other than the party named during time of any child's conce | eption?    |      |
| Particulars:  |            |      |
| Does anyone else have an interest in custody and access that should be notified?                        |            |      |
| Particulars:  |            |      |
| Do you want custody?  Are there any children you are not seeking customers.                             | stody of?  |      |
| Particulars:  |            |      |
| Describe your involvement with your children:   |            |      |
| Any incidents where you may have mistreated your children?  |            |      |
| How do you plan to care for the children?   |            |      |
| Where will you live?  |            |      |
| School?   |            |      |
| Day to day care?  |            |      |
| Will you work?  |            |      |
| Particulars?  |            |      |
| Do you think the other parent will agree?   |            |      |
| Why:  |            |      |

| ACCESS ISS   | SUES:   | ]   | Page 13 of 18                       |
|--|---|---|-------------------------------------|
| Are you prepar   | red to agree to   | o reasonable access to the other party?   |                                     |
| Why:   |   |   |                                     |
| Do you feel con  | ditions are ne  | ecessary for the other party to have access?  |                                     |
| Why:   |   |   |                                     |
| What access ar<br>you seeking for<br>children not in<br>your care?   | r   |   |                                     |
| What access ha<br>the other party<br>had to date?  | I   |   |                                     |
| supervised acce<br>access, or cond   | ess, no access,<br>itions are nec   | t supervised access, no access, or access with conditions, they require evidence, or access with conditions, is in the best interests of the children. If you feel supervessary for the other party, you must state that. You must provide information as a should be made, and why these conditions/restrictions would be in the best in | vised access, no<br>to why you feel |
| SUPPORT IS   | SSUES:  |   |                                     |
| Name each chil<br>for whom you<br>claim support?   |   |   |                                     |
| How much do  | you feel you sl   | hould receive per month for each child?   |                                     |
| Support is base<br>Support Guide<br>there are comp<br>reasons. Guide<br>based on payor<br>annual income,<br>you should rece<br>than the guidel<br>please provide | elines, unless<br>belling<br>elines are<br>r's gross<br>. If you feel<br>eive more<br>lines'amount, |   |                                     |

| SUPPORT ISSUES (continue   |   |    | Page 14 of 18 |  |
|--|---|----|---------------|--|
| What is your out-of-pocket expens  | se for day care/babysitting each month? |    |               |  |
| Receive day care subsidy?  |   | Am | ount:         |  |
| What is the name and address of your day care provider/babysitter?   |   |    |               |  |
| What extracurricular activities are your children currently involved or registered in? Name the child, activity and cost. You must provide receipts.           |   |    |               |  |
| List activities children would like<br>to be involved in, if you were able<br>to afford them. Name child,<br>interests and cost. You must<br>provide receipts. |   |    |               |  |
| List extraordinary expenses such as orthodontics, prescriptions or glasses for children. Name child & details of expense. You must provide receipts.           |   |    |               |  |
| List any other unusual expenses<br>for your children that are not<br>mentioned above. Provide<br>details. You must provide<br>receipts.                        |   |    |               |  |
| Provide names of doctors, counsellors or health professionals that children are seeing.  |   |    |               |  |
| Want support for yourself?   |   | An | nount:        |  |
| Provide your job history from commencement of your relationship with the other party to present.   |   |    |               |  |
| Provide details of efforts you are taking to become self-sufficient (retraining, schooling).   |   |    |               |  |

| SUPPORT ISSUES (continued):  |                             |                           |                      | Page 15 of 18 |  |
|--|-----------------------------|---------------------------|----------------------|---------------|--|
| Provide details of opportunities you missed by staying home to raise children.                           |                             |                           |                      |               |  |
| If request for spousal is health related, must provide details regarding your current health.            |                             |                           |                      |               |  |
| Presently receiving support for yo   | ourself?                    |                           | Amount:              |               |  |
| Presently receiving support for ch   | ildren?                     |                           | Amount:              |               |  |
| Date last payment received:  |                             | Total amount receive      | ved:                 |               |  |
| Are there arrears in payments?   |                             | _                         | Amount:              |               |  |
| List any purchases or necessaries the other party has made for you and/or the children:                  |                             |                           |                      |               |  |
| Has the other party regularly purchased Christmas and/or birthday presents for the children?             |                             |                           |                      |               |  |
| Is the other party currently payin   | g any medical/dental benefi | ts through his employment | for the children?    |               |  |
| Other party currently have children named as beneficiaries on employment life insurance or pension plan? |                             |                           |                      |               |  |
| Do you or your spouse pay child support to anyone for children residing with someone else?               |                             |                           |                      |               |  |
| Particulars?   |                             |                           |                      |               |  |
| What do you know about the income of the other party?  |                             |                           |                      |               |  |
| RESTRAINING ORDER ISSUES:  |                             |                           |                      |               |  |
| Seeking restraining order?   | Physical abuse to y         | ou? Phy                   | vsical abuse to chil | dren?         |  |
| Provide details of most recent incident of abuse.  |                             |                           |                      |               |  |

| RESTRAINING ORDE                                   | R ISSUES (continued):      |                         |                                | Page 16 of 18   |
|--|----------------------------|-------------------------|--------------------------------|-----------------|
| Provide details of most serious incident of abuse. |                            |                         |                                |                 |
| When did first incident of al                      | buse happen?               |                         |                                |                 |
| How often has it happened?                         |                            |                         |                                |                 |
| Do you want an Order that t                        | he other party: Cannot con | tact you?               | Not attend at your home?       |                 |
| PROPERTY ISSUES:                                   |                            |                         |                                |                 |
| Do you or the other party:                         | Own a hon                  | ne?                     | Rent?                          |                 |
| Who is living in the home?                         |                            |                         |                                |                 |
| In some cases, the home ma                         |                            | ou may be allowed to re | eturn to the home) so that the | he children can |
| What do you want to happen to the house?           |                            |                         |                                |                 |
| Why?   |                            |                         |                                |                 |
| What do you want to happen to the household goods? |                            |                         |                                |                 |
| Why?   |                            |                         |                                |                 |
| What do you want to happen to the debt?            |                            |                         |                                |                 |
| Why?   |                            |                         |                                |                 |

## MAINTENANCE ENFORCEMENT ISSUES:

The Maintenance Enforcement Office registers support orders, records & monitors payments & automatically takes enforcement action if payments are missed or late. We recommend that you register your order with the MEO. If you receive Social Assistance & are granted a support order by the Court, you must register your order with the MEO.

## MAINTENANCE ENFORCEMENT ISSUES (continued):

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Do you wish to register your order with The Maintenance Enforcement Office?

### **CONSENT TO DIVULGE INFORMATION:**

It is important that you sign the attached Authorization in front of a witness.

### **OTHER:**

You must provide confirmation of your income. Provide copies of:

- a) six of your most recent pay stubs, Employment Insurance cheques, etc. indicating income earned year to date;
- b) your six most recent income slips from the Department of Social Services; and
- c) if you are a student, your student loan documents.

You must obtain & attach income tax summaries for the past three years. These summaries can be obtained from Revenue Canada. Call 1-800-959-8281 or 975-4595 for more information. Alternatively, you must provide this office with copies of:

- a) every personal income tax return filed for the 3 most recent years, together with all material filed with the return;
- b) Income Tax Summaries for the three most recent taxation years; and
- c) every Notice of Assessment issued to you.

#### Please remember:

- a) to attach receipts for day care, medical expenses, extra-curricular activities & extraordinary expenses.
- b) If there are any changes in your personal circumstances or the personal circumstances of the children or changes in your financial status (that is, a change in source of income, or you start living with someone else) it is essential that you immediately provide the change(s) in writing to our office so that we always have current information on your file. Failure to keep this office informed of changes may cause delay on your file.

As a party to a family law proceeding, you are required to attend a parenting education program under the terms of section 44.1(3) of The Queen's Bench Act, 1998, as amended. These sessions are conducted regularly in Saskatoon, both on weekday evenings and on Saturdays. Some of the topics covered are "Options for Resolving Disputes;" "Stages of Separation and Divorce;" "Children's Reactions to Separation and Divorce "and "Parenting after Separation/Divorce." It is compulsory that you attend this program. Your matter cannot proceed to court until we have received a Certification of Completion for you. The education program is free of charge. To register or obtain information about the Parent Education Program, please call Family Law Support Services at 1-877-964-5501 or 964-4401.

#### **KEEPING A DIARY:**

To show a court factual evidence regarding your case, it is very important that you keep a diary of events. You may find the following helpful in keeping track of your personal situation regarding matters such as custody, access and maintenance.

- a) begin keeping an accurate diary today;
- b) write in your diary daily;
- c) if nothing noteworthy happens in the day, simply state that;
- d) if something does happen that may affect your case, make detailed notes about it;
- e) remember your diary may be needed as evidence in court and should be written in text that is not offensive;
- f) do not use foul language unless you are quoting what the other party said; and
- g) do not resort to name calling in your diary.

| CONSENT TO DIVULGE INFORM | ATION:                              | Page 18 of 18 |
|---------------------------|-------------------------------------|---------------|
| TO WHOM IT MAY CONCERN:   |                                     |               |
| I,                        | such information as may be requeste |               |
| DATED at                  | , SK, on                            |               |
| Witness                   | Signature                           |               |