

File No.: \_\_\_\_\_

**CONFIDENTIAL QUESTIONNAIRE**

*To assist us in preparing your file, please complete the following information, which will be kept completely private and confidential.*

Today's Date: \_\_\_\_\_

How were you referred to our firm? \_\_\_\_\_

NAME (in full) Dr. Mr. Mrs. Ms. Miss \_\_\_\_\_  
Please Circle one Surname First Name Middle Name

**RESIDENCE ADDRESS**

\_\_\_\_\_  
Street Name and Number

\_\_\_\_\_  
Apartment or Unit Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

HOME FAX # (\_\_\_\_\_) \_\_\_\_\_ Is this a confidential fax? \_\_\_\_\_ Or should we call you before faxing? \_\_\_\_\_

CELL # (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_  
Month Day Year City, Province, Country

*Mailing address if different than above, please provide full details below:*

**MAILING ADDRESS**

\_\_\_\_\_  
Street Name and Number

\_\_\_\_\_  
Apartment or Unit Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**\*IS THERE ANYONE ELSE WE MAY CONTACT IN AN EMERGENCY IF WE ARE UNABLE TO REACH YOU AT ANY OF THE ABOVE NUMBERS?**

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE # (\_\_\_\_)** \_\_\_\_\_

**EMPLOYMENT INFO**

\_\_\_\_\_  
Name of Company or Firm

\_\_\_\_\_  
Street Name and Number

\_\_\_\_\_  
Apartment or Unit Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**NATURE OF BUSINESS** \_\_\_\_\_

**BUSINESS TELEPHONE # (\_\_\_\_)** \_\_\_\_\_ **Extension #** \_\_\_\_\_

**BUSINESS FAX # (\_\_\_\_)** \_\_\_\_\_ **Is this a confidential fax?** \_\_\_\_\_ **Or should we call you before faxing?** \_\_\_\_\_

**POSITION/ TITLE HELD** \_\_\_\_\_ **NAME OF SUPERVISOR** \_\_\_\_\_

What is the best way to contact you?  Email  Cell Phone  Home Phone  Business Phone

Are there any special instructions for contacting you? (ie. certain times of day, days of the week, don't leave detailed message) \_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF EMPLOYMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROXIMATE GROSS ANNUAL INCOME LAST 3 YEARS:**

Year 3- \$ \_\_\_\_\_, \_\_\_\_\_ (Amount, Year)

Year 2- \$ \_\_\_\_\_, \_\_\_\_\_ (Amount, Year)

Year 1- \$ \_\_\_\_\_, \_\_\_\_\_ (Amount, Year)



BENEFITS

Short-Term Illness/Disability  Yes  No PROVIDER\_\_\_\_\_

Long-Term Disability  Yes  No PROVIDER\_\_\_\_\_

Life Insurance  Yes  No PROVIDER\_\_\_\_\_

Please circle one:      Basic      Additional Amount      Conventional Options

Accidental Death/Dismemberment  Yes  No PROVIDER\_\_\_\_\_

Ontario Health Care (Medical)  Family  Single PROVIDER\_\_\_\_\_

Dental Coverage  Family  Single PROVIDER\_\_\_\_\_

TRAVEL/AUTOMOBILE BENEFITS, Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER BENEFITS, Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MASS GROUP TERMINATION

- Less Than 50 Employees
- 50 to 199 Employees
- 200 to 500 Employees
- More than 500 Employees

How long have you resided in the Municipality in which you now live? \_\_\_\_\_

Province or Country you were born: \_\_\_\_\_

How long have you lived in Ontario? \_\_\_\_\_

Date of Entry to Canada: \_\_\_\_\_

Is there any other information or problem you wish to discuss? If so, please outline below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACKNOWLEDGEMENT: INITIAL CONSULTATION

### Scope of Initial Consultation

I acknowledge that while I have sought an initial consultation from Vanassa Richards-Thompson, Wood Gold LLP Barristers & Solicitors (collectively, the “Lawyer”), that I have not yet retained the Lawyer to act on my behalf nor has the Lawyer yet agreed to act on my behalf.

### No actions to be taken until properly Retained

I understand that in order for the Lawyer to agree to act on my behalf, I must provide both a signed Contract for Legal Services (collectively, the “Retainer Agreement”) and provide a retainer in an amount to be specified by the Lawyer, as set out in the signed Contract for Legal Services. I understand that until I have provided both the signed Contract for Legal Services. I understand that until I have provided both the signed Contract for Legal Services/Retainer Agreement and the retainer set out therein, that no action will be taken by the Lawyer on my behalf, or at all, concerning the matters discussed in my initial consultation.

### Warning RE: Limitations Periods

I acknowledge that many statutes impose limitation periods that restrict when a proceeding or lawsuit may be commenced. I understand that if I fail to meet a limitation time frame, I will be barred from pursuing any recapture whatsoever, and should therefore take prompt steps to immediately pursue my legal rights or remedies. I acknowledge that I must take action immediately, or risk failing to meet a limitation time frame.

I understand that if a Court discovers that I did, could, or should have appeared aware about the matters discussed during my initial consultation prior the date that I in fact learned of them, that the Limitation Period may be calculated from a sooner date than expected and I may, as a result, already have missed a Limitation Period. In this regards, the Lawyer is not and cannot be responsible for any negative judicial recoveries. I am aware that the Lawyer is relying entirely upon my instructions that I deem to be true with respect to determining the date from which I had known of the matters discussed (the “Cause of Action”). I understand that to protect my rights to the fullest, I should promptly and diligently commence an action that I intend to bring, even if I later choose to wait prior to serving materials if deemed appropriate under the Rules of Court.

I acknowledge that the Lawyer is not and cannot be responsible for any expiry date for Limitation Periods, or that as a result, expires prior to my execution and delivery of Retainer Agreement/Legal Services Contract and the retainer set out therein.

### Client Identity and Competency to Instruct

I certify to the Lawyer that I am capable to retain the Lawyer’s services, and do not experience or suffer from any incompetence or disability that I have not fully disclosed to the Lawyer. I acknowledge that the Lawyer is an officer of the Court and must be able to certify my capacity to make decisions and identity that will be called for during the course of my retainer.

Dated this      day of                      , 201 .

\_\_\_\_\_  
Client Name:

**WOOD GOLD LLP**  
**PRIVACY STATEMENT**

As of January 1<sup>st</sup>, 2004, all private companies engaged in commercial activities must comply with the Personal Information Protection & Electronic Documents Act (“the Act”), unless federal cabinet has exempted the organization because it is subject to “substantially similar” provincial legislation. Your information is also protected by solicitor-client privilege and the Rules of Professional Conduct governing lawyers in the Province of Ontario, which in most respects is a greater protection than that afforded under the Act.

**WOOD GOLD LLP** is responsible for the personal information we collect, use, maintain and disclose. To ensure this accountability, we have developed a Privacy Policy (available upon request), and have provided training to our managers and support staff on how to properly implement our privacy policies and practices.

We have asked you to fill out this form because collecting some of your personal information is required as part of our legal services to you. We may at times collect sensitive financial, family, and personal preference information from you, which is required in order to provide you advice and legal services. By providing such information you consent to the use of the information as outlined in the form and for the purposes of providing you with legal advice and services.

We will keep the personal information that you provide to us in this form completely confidential. We will not disclose your personal information provided in this form to any third party without your consent.

**WOOD GOLD LLP** is committed to protecting your privacy and we take all reasonable precautions to ensure that your personal information is kept safe from loss, unauthorized access, modification, or disclosure. We operate on a secure data network protected by an industry standard firewall and password protected systems. Our security and privacy policies are periodically reviewed and enhanced, and only authorized individuals at our firm have access to your personal information.

If you have any questions relating to the collection, use, disclosure, and/or accuracy of your personal information provided by you and held by **WOOD GOLD LLP**, please contact our Privacy Officer at [frankie@woodgold.ca](mailto:frankie@woodgold.ca).

