

FAMILY LAW - CLIENT INFORMATION FORM

Thank you for contacting Samaras Lawyers.

To allow me to better assist you, and to keep fees to a minimum, I ask you complete the below form as best you can. If a question does not apply to your circumstances, please mark the answer 'n/a'. Once completed please email to asamaras@samaraslawyers.com.au

I look forward to assisting you with your family law matter.

Alfina Samaras

1. Your details

Name					
Date of birth					
Address					
Phone					
Email					
Preferred method of contact	Email	Post	Phone	Other:	
Details of other people living in the home – please advise whether such persons make any financial contribution to you or pay expenses on your behalf					
Accountant's details					

Postal Address: PO Box 2717, Taren Point NSW 2229

2. Other party details

Name	
Date of birth	
Address	
Phone	
Email	
Details of other people living	
in the home – please advise	
whether such persons make	
any financial contribution to	
the other party or pay for	
expenses on his/her behalf	
Solicitor details	

3. Children

Do you or the other party	No All children are over 18 years Children are under
have children	18 years
Children's details	Child 1
	Name:
	Date of birth:
	Gender:
	Child 2
	Name:
	Date of birth:
	Gender:
	Child 3
	Name:
	Date of birth:
	Gender:
	Child 4
	Name:
	Date of birth:
	Gender:
	If more than four children please attach additional pages with details
Special needs	If any of the children have special needs, please advise

With whom do the children primarily live	Me arrangem	ent	Other p	party	TI	ne chilo	dren live in	an equal time
If not in an equal time arrangement, how many nights each fortnight do the children spend with the party with whom they do not live	0	1	2	3	4	5	6	
Ideally, who do you wish for the children to primarily live with in the future	Me	(Other pa	arty	In a	n equal	time arrar	ngement
If not an equal time arrangement, ideally, how many nights each fortnight would you want the children to spend with the party with whom they do not live	0	1	2	3	4	5	6	

4. Relevant dates

Date of cohabitation		
Date of marriage		
Town and country of marriage		
Marriage Certificate	Attached	I am unable to locate my Marriage Certificate
Date of final separation		
Date of divorce		
Town and country of divorce		
Divorce Certificate	Attached	I am unable to locate my Divorce Certificate

5. Previous cases and orders

Current or previous	Provide a brief description and attach any relevant Orders, Agreements, etc
proceedings involving the	
parties or a child/children of	
either or both parties,	
including but not limited to	
Orders, Undertakings,	
Agreements, AVO, Financial	

Agreement, Superannuation	Orders attached
Agreement and Parenting	
Plan	

6. Health

Your health	Lowe in good bookle
Your nealth	I am in good health
	If you are not in good health please provide a brief description of your condition/illness (mental and physical) and advise whether it effects your ability to obtain employment and/or your ability to care for children (if any)
Other party's health	The other party is in good health
	If the other party is not in good health please provide a brief description of his/her condition/illness (mental and physical) and advise whether it effects his/her ability to obtain employment and/or his/her ability to care for children (if any)
History of abuse/family	Yes No
violence	If yes, please provide any statements made to police, doctors reports, or any other documents (if any) evidencing the abuse/violence

7. Income and future needs

Your current income per annum	\$0 \$0 to \$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$100,000 \$100,000 - \$150,000 \$150,000 - \$200,000 \$200,000 - \$300,000 \$300,000 - \$500,000 \$500,000+
Other party's current income per annum	\$0 \$0 to \$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$100,000 \$100,000 - \$150,000 \$150,000 - \$200,000 \$200,000 - \$300,000 \$300,000 - \$500,000 \$500,000+
Do you have any other financial resources such as, for example, distributions from a family trust	Yes No If yes, please describe
Does the other party have any other financial resource such as, for example, distributions from a family trust	Yes No If yes, please describe
Do you have a duty to assist and/or provide for any other person	Yes No If yes, please advise

	N
Does the other party have a	Yes No
duty to assist and/or provide	If yes, please advise
for any other person	
Do you receive or are your	Yes No
eligible to receive a pension,	If yes, please advise
allowance or benefit	
Does the other party receive	Yes No
or is he/she eligible to	If ves. please advise
receive a pension, allowance	3,7-2, F
or benefit	
or beliefit	
Has either party ever been	Yes No
declared bankrupt	If yes, please advise and provide date of bankruptcy

8. Financial contributions

Initial contributions	Please complete Schedule A, attached.
History of acquisition of assets and debts	Please complete schedule B, attached.
Your income throughout the relationship	Please provide an estimate of your income throughout the relationship. If possible, please provide an estimate for each year of the relationship.
Other party's income throughout the relationship	Please provide an estimate of the other party's income throughout the relationship. If possible, please provide an estimate for each year of the relationship.
Did either party receive an	Yes No
inheritance, significant gift, compensation payment or	If yes, please provide details

make some other significant	
contribution throughout the	
relationship	

9. Non-financial contributions

As a percentage please describe the contributions made by each of the parties during the relationship to:-	
Domestic chores including but not limited to; cooking, cleaning, washing, ironing	You:% Other party:%
Gardening and general maintenance of the external areas of the home	You:% Other party:%
Minor household repairs	You:% Other party:%
Renovations and major household repairs	You:% Other party:%
Attending to the children's needs including but not limited to; drop off and pick up from school, extra curricular activities, school functions and events, assisting with homework, feeding, nappy changing, bed time routine, discipline and day to day needs	You:% Other party:%
Grocery shopping and shopping for the family generally	You:% Other party:%
Any other significant contributions	Please advise

10. Asset pool

The current asset pool	Please complete schedule C, attached.
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Schedule A – Initial contributions

Please complete the Schedule as best you are able. Estimates of value are sufficient.

	My initial contributions	Other party's initial contributions
Real estate	Address:	Address:
	Value as at cohabitation:	Value as at cohabitation:
	Mortgage (if any) as at cohabitation:	Mortgage (if any) as at cohabitation:
	Address:	Address:
	Value as at cohabitation:	Value as at cohabitation:
	Mortgage (if any) as at cohabitation:	Mortgage (if any) as at cohabitation:
	Address:	Address:
	Value as at cohabitation:	Value as at cohabitation:
	Mortgage (if any) as at cohabitation:	Mortgage (if any) as at cohabitation:
	If more than three properties were	If more than three properties were owned,
	owned, please attach additional pages	please attach additional pages
Motor vehicles	Make and model:	Make and model:
	Value as at cohabitation: Debt over vehicle (if any) as at	Value as at cohabitation: Debt over vehicle (if any) as at
	cohabitation:	cohabitation:
	Make and model: Value as at cohabitation:	Make and model: Value as at cohabitation:
	Debt over vehicle (if any) as at	Debt over vehicle (if any) as at
	cohabitation:	cohabitation:
	If more than two motor vehicles were	If more than two motor vehicles were
	owned, please attach additional pages	owned, please attach additional pages
Shares	Company name:	Company name:
	Number of shares held:	Number of shares held:
	Value of shares as at cohabitation:	Value of shares as at cohabitation:
	Company name:	Company name:
	Number of shares held:	Number of shares held: Value of shares as at cohabitation:
	Value of shares as at cohabitation:	value of snares as at conaditation:
	If more than two companies, please	If more than two companies, please attach
	attach additional pages	additional pages

Liability limited by a scheme approved under Professional Standards Legislation

Savings	Amount:	Amount:
Business	Business name: Percentage of ownership: Value of that share as at cohabitation: If more than one business, please attach additional pages	Business name: Percentage of ownership: Value of that share as at cohabitation: If more than one business, please attach additional pages
Any other assets not described above:	Please advise nature of asset and value as at the date of cohabitation	Please advise nature of asset and value as at the date of cohabitation
Superannuation	Amount:	Amount:
Personal loans	Amount:	Amount:
Credit card debt	Amount:	Amount:
Any other debts not described above	Please advise nature of debt and amount owing as at the date of cohabitation	Please advise nature of debt and amount owing as at the date of cohabitation

Schedule B - History of acquisition

Please complete the Schedule as best you are able by providing a time line of the acquisition and disposal of assets and the incurring of debts. Estimates are sufficient. The column headed 'source' refers to the source of the funds. For example, a deposit for the purchase of a property might have been sourced from 'joint savings', a mortgage may have been provided by a 'bank', the funds to purchase a motor vehicle may have been a 'gift from a parent', etc. Please add additional pages if required.

Year	Asset acquired/debt incurred	Amount	Source

Schedule C – The current asset pool

Please complete the Schedule as best you are able. Estimates of value are sufficient.

Real estate	Address: Current value: Current mortgage: Mortgage with which bank: Registered in my name OR Registered in the other party's name OR Joint tenants OR Tenants in common OR Other
	Address:

	Current value: Current mortgage:
	Mortgage with which bank:
	Registered in my name OR Registered in the other party's name OR
	Joint tenants OR Tenants in common OR Other
	Address:
	Current value:
	Current mortgage:
	Mortgage with which bank:
	Registered in my name OR Registered in the other party's name OR Joint tenants OR Tenants in common OR Other
	If more than three properties are owned, please attach additional pages
Motor vehicles	Make and model:
	Current value:
	Debt over vehicle (if any):
	Registered in my name OR Registered in the other party's name OR
	Registered in a company name
	Make and model:
	Current value:
	Debt over vehicle (if any):
	Registered in my name OR Registered in the other party's name OR Registered in a company name
	If more than two motor vehicles are owned, please attach additional pages
Shares	Company:
	Number of shares held:
	Current value of shares:
	Held in my name OR Held in the other party's name OR Other
	Company:
	Number of shares held:
	Current value of shares:
	Held in my name OR Held in the other party's name OR
	Other
	If more than two parcels of shares are owned, please attach additional pages
Your savings	Bank:
	Amount:
	Bank:
	Amount:

	Bank:
	Amount:
	If more than three savings accounts are held, please attach additional pages
Other party	Bank:
savings	Amount:
	Bank: Amount:
	Double
	Bank:
	Amount:
	If more than three savings accounts are held, please attach additional pages
Joint accounts	Bank:
	Amount:
	Bank:
	Amount:
	De al
	Bank:
	Amount:
	If more than three joint accounts are held, please attach additional pages
Business	Business name:
	Owned by:
	Percentage of ownership:
	Value:
	Business name:
	Owned by:
	Percentage of ownership:
	Value:
	If the there are more than two businesses, please attach additional pages
Any other assets	Please advise nature of asset and current value
not described	,
above:	
Your	Name of fund:
Superannuation	Amount:
	Name of fund:

	Amount:
	Amount
	If the there are more than two funds, please attach additional pages
Other party	Name of fund:
superannuation	Amount:
	Name of fund:
	Amount:
	If the there are more than two funds, please attach additional pages
Personal loans	Name of lender:
owed by you	Amount:
	Name of lender:
	Amount:
	If the there are more than two loans, please attach additional pages
Personal loans	Name of lender:
owed by the	Amount:
other party	Name of lender:
	Amount:
	, and and
	If the there are more than two loans, please attach additional pages
Your credit card	Financial institution:
debt	Amount:
dest	7 mount.
	Financial institution:
	Amount:
	If the there are more than two credit cards, please attach additional pages
Other party credit	Financial institution:
card debt	Amount:
	Financial institution:
	Amount:
	If the there are more than two credit cards, please attach additional pages
Any other debts	Please advise nature of debt and current amount owing
not described	
above	

Disposal assets	of	any	Please advise whether either party has disposed of any assets since separation (or during separation without the other party's knowledge or consent), details of the asset, when the asset was disposed, the net amount of proceeds of sale and how the funds have been utilised E.g., 9 Roebuck Key, Foster sold in June 2020 for \$839,000.00. Net proceeds paid to Wife \$201,290.91.
Your further comments Please tell us anything else about your circumstances that you would like us to know.			

Now that you have completed your Client Information Form please email it to asamaras@samaraslawyers.com.au and a member of my family law team will contact you.