

My Separation Binder

My name

If found, please call me at _____
My phone number

My SIN

Our Date of Marriage: _____

Our Date of Separation: _____



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Our children:

| | | |
|------------------|----------------------|--------------|
| _____ | _____ | M/F _____ |
| Full name | Date of Birth | Grade |
| _____ | _____ | M/F _____ |
| Full name | Date of Birth | Grade |
| _____ | _____ | M/F _____ |
| Full name | Date of Birth | Grade |
| _____ | _____ | M/F _____ |
| Full name | Date of Birth | Grade |

Our Collaborative Team:

My Divorce Coach:

Phone: _____ **Email:** _____

Our Financial Specialist

Phone: _____ **Email:** _____

Our Parenting Coach:

Phone: _____ **Email:** _____

My Lawyer

Phone: _____ **Email:** _____

My Spouse's Lawyer

Phone: _____ **Email:** _____



Purpose of this Binder: This binder is to keep all of your important documents and information organized including your thoughts, ideas, questions, concerns and feelings. If you keep complete the questions in this binder and maintain it, it will help to minimize your costs and it will help you resolve the outstanding issues in a timely manner. Please bring it to every meeting with your Collaborative Team.



Tab 1: Participation Agreement and Amendments

At Tab 1, please insert your copy of the Participation Agreement. This document governs the whole process so you may wish to refer to it from time to time.



Tab 2: Divorce Coach

**This form is to be filled out by each person separately
and the information you provide will not be shared with your spouse.

Your Divorce Coach will need this information at the first meeting.**

Provide a brief history of your marriage/relationship.

Describe how and why, in your view, your marital relationship came apart.



Are you currently in treatment for a medical condition? No Yes
If yes, explain. _____

Please list any prescription medication you are currently taking or have taken in the past 6 months.

| Name of prescription drug | Frequency /Dosage | Reason Prescribed | Any Side Effects that you are experiencing |
|---------------------------|-------------------|-------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Is there a concern about the use of non-prescribed drugs or over use of prescribed drugs? Yes No

If yes, please specify: _____

Is there a concern about violence? Yes No

If yes, please specify: _____

Is there a concern about suicide? Yes No

If yes, please specify: _____



Do you have any other concerns that have not been noted? Yes No

If yes, please specify: _____

Couples who end their relationship do so for a number of reasons. Out of the following choices, select up to three which best describe why you separated.

- | | |
|--|--|
| 1. My physical abuse against my partner | 10. Partner's physical abuse against me |
| 2. My emotional abuse towards my partner | 11. Partner's emotional abuse against me |
| 3. My drug/alcohol problem | 12. Partner's drug or alcohol problem |
| 4. Poor communication on my part | 13. Partner's poor communication |
| 5. My sexual problem | 14. Partner's sexual problem |
| 6. I took advantage of my partner | 15. Partner took advantage of me |
| 7. My mental health | 16. Partner's mental health |
| 8. My infidelity | 17. Partner's infidelity |
| 9. A great deal of conflict | 18. Other _____ |
- _____

During the separation process people experience many emotions. Please select three which best describe your emotional experiences since your separation.

- | | | |
|-------------------------|----------------------|-----------------------|
| 1. Anger | 9. Negative Thinking | 17. Forgiveness |
| 2. Blame | 10. Anxiety | 18. Acceptance |
| 3. Sorrow | 11. Desperation | 19. Worry |
| 4. Relief | 12. Liberation | 20. Regret |
| 5. Depression | 13. Fear | 21. Shame |
| 6. Guilt | 14. Confusion | 22. Self Doubt |
| 7. A need to justify | 15. Devastation | 23. Inability to cope |
| 8. Focusing on the past | 16. Revenge | |



Other emotions you have experienced: _____

Please circle the things you consider a resource, strength or support for you.

| | | |
|-------------------|---------------|--------------|
| Friends | Supervisors | Spirituality |
| Family | Neighbours | Hobbies |
| Significant other | Coping skills | Interests |
| Co-workers | Lifestyle | |
| Other _____ | | |

Separation means many losses. Please circle those that apply to you.

| | | |
|-----------|----------|-----------------------------|
| Financial | Friends | Community |
| Lifestyle | Pets | Relationship with in-laws |
| House | Property | Less time with the children |
| Spouse | Dignity | Spiritual Community |

Other: _____



Tab 3: Assets on Date of Separation

At Tab 3, please put all documentation you have proving the value of assets you owned, solely or jointly, on the date of separation. When you have all the documents for a category and they are in the binder at Tab 3, you can check off the box. Use the line to write your notes. Remember that we need the documentation as of the date of separation or as close as possible. Thank you.

- e.g. Bank statements. Bank statements ordered but not yet received.
- Bank statements _____
- RRSP statements _____
- Pension statements _____
- Investments statements _____
- Home appraisals _____
- Cottage appraisals _____
- Vehicle appraisals _____
- List other major assets _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____



Tab 4: Debts on Date of Separation

At Tab 4, please put all documentation you have proving the amount of your debts, solely or jointly, on the date of separation. When you have all the documents for a category and they are in the binder at Tab 4, you can check off the box. Use the line to write your notes. Remember that we need the documentation as of the date of separation or as close as possible. Thank you.

- e.g. Credit Cards: At long last, I have all credit card statements!
- Home Mortgage statement _____
- Cottage Mortgage statement _____
- Credit card statements _____
- Loan statements _____
- Line of Credit statements _____
- Loan from family _____
- List other debts _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____



Tab 5: Assets on Date of Marriage

At Tab 5, please put all documentation you have proving the amount of your assets, solely or jointly, on the date of marriage. When you have all the documents for a category and they are in the binder at Tab 5, you can check off the box. Use the line to write your notes. Remember that we need the documentation as of the date of marriage or as close as possible.

Thank you.

- Bank statements _____
- RRSP statements _____
- Pension statements _____
- Investment statements _____
- Home appraisals _____
- Cottage appraisals _____
- Vehicle appraisals _____
- Other major assets _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____



Tab 6: Debts on Date of Marriage

At Tab 6, please put all documentation you have proving the amount of your debts, solely or jointly, on the date of marriage. When you have all the documents for a category and they are in the binder at Tab 6, you can check off the box. Use the line to write your notes. Remember that we need the documentation as of the date of marriage or as close as possible. Thank you.

- Home Mortgage statement _____
- Cottage Mortgage statement _____
- Credit card statements _____
- Loan statements _____
- Line of Credit statements _____
- Other debt _____
- Loan from family _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____



Tab 7: Inheritance, Insurance Claims, Gifts

At Tab 7, please list all inheritances, insurance claims and gifts you received during your marriage.

| | <u>Gift</u> | <u>From</u> | <u>Date</u> | <u>Proof</u> |
|---------------|-----------------|----------------|---------------------|-----------------------|
| e.g. | <u>\$10,000</u> | <u>Parents</u> | <u>June 5, 2004</u> | <u>Bank Statement</u> |
| One: | _____ | _____ | _____ | _____ |
| Two: | _____ | _____ | _____ | _____ |
| Three: | _____ | _____ | _____ | _____ |
| Four: | _____ | _____ | _____ | _____ |

Please explain the history of each gift or inheritance or proceeds from an insurance policy and where the money or asset went. Did it exist on the date of separation? Add paper if you need it. Thank you.

One: _____

Two: _____



Three: _____

Four: _____



Tab 9: Your Income

At Tab 9, please insert the following documents proving your income. Thank you.

- Last three years of income tax returns _____
 - Last three years of Notice of Assessments _____
 - Recent pay stubs showing year-to-date income _____
-

Do you have any other income other than from employment such as cash income or tips or a part-time job? If yes, please explain.



Tab 10: Children’s Day Care Expenses

At Tab 10, please insert any proof of the day care expenses such as receipts. If the day care expense has changed, please make note and provide proof of the present expense. Thank you.

Receipts for last year _____

Recent receipts _____

Do you expect any changes to day care expenses? Explain: _____



Tab 11: Cost of children’s extra curricular activities

At Tab 11, please list the major costs of the Children’s extracurricular activities. This may include piano lessons, swimming lessons, tutoring, summer camps, special school trips, ski passes, equipment and any other major expenses. You will discuss these expenses with your Financial Specialist and your spouse to determine who pays for these expenses.

| <u>Child</u> | <u>Activity</u> | <u>Annual Cost</u> | <u>Proof</u> |
|------------------|-----------------|--------------------|-----------------|
| e.g. <i>John</i> | <i>Hockey</i> | <i>\$5,250</i> | <i>Receipts</i> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you anticipate any changes in activities? If yes, please explain.



Tab 12: Parenting Coach

**This form is to be filled out by each parent separately
and the information you provide will not be shared with the other parent.**

This information is needed by your Parenting Coach at the first meeting.

Your Name: _____

Address: _____

Telephone: _____ E-mail: _____

What are the names, gender, and ages of your children?

| Name | Gender | Age | Date of Birth |
|------|--------|-----|---------------|
| | | | |
| | | | |
| | | | |

Do any of your children have special needs? If yes, please specify

| Name | Special Needs- (Learning Disability, Physical Challenges, Anxiety etc) |
|------|--|
| | |
| | |
| | |

What are the caregiving responsibilities have you assumed during the marriage?

- | | |
|--|---|
| <input type="checkbox"/> Taken child/ren to daycare/school | <input type="checkbox"/> Involvement in recreational activities |
| <input type="checkbox"/> Helped with homework | <input type="checkbox"/> Scheduled appointments |
| <input type="checkbox"/> Taken child/ren to appointments | <input type="checkbox"/> Arranged special occasions |
| <input type="checkbox"/> Implemented discipline | <input type="checkbox"/> Bedtime routine |
| <input type="checkbox"/> Communicated with school | <input type="checkbox"/> Involvement in school activities |

Please list any extra-curricular activities your children are involved in:

| Child's Name | Activity | Cost | Day and Time |
|--------------|----------|------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please list extended family member's your child/ren have a connection with as well as a brief description of that relationship.

| Name | Relationship (ie grandmother, uncle) | Description |
|------|--------------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Are the child/ren aware of your intentions to separate? Yes No

If not what are your plans in regarding to telling the child/ren?

Have your children been exposed to conflict between parents? If so please outline



How well does your child/ren manage change? (Please write a comment for each child if they manage it differently and specify who you are describing.)

Have you or anyone else had any concerns about your child's/ren's development? (Please write a comment for each child and specify who you are describing.)

Have you or anyone else had any concerns about your child's/ren's behaviour? (Please write a comment for each child and specify who you are describing.)

Have you or anyone else had any concerns about your child's/ren's emotional well-being? (Please write a comment for each child and specify who you are describing.)



Please provide any other information that you believe is pertinent about your child/ren. (Please write a comment for each child and specify who you are describing.)

What are your children's needs? (Please write a comment for each child and specify who you are describing.)

What do you see as your strengths as a parent?

What do you see as the other parent's strengths in parenting?



What parenting schedule do you suggest for your children? (This refers to how much time each child spends with each parent on a regular basis and on holidays.) Please stay open to changes.

How do you foresee decision-making for your children happening?

How available are you for caregiving? (Be as specific as possible.)

What kind of flexibility do you have in your work schedule?



How important is the other parent to the welfare of your Child/ren?

How well do you and the other parent cooperate and communicate?

How do you feel about the other parent's parenting style?

Is there another significant other in your life?

Is the other parent aware of this other person?



Are the child/ren aware of the other person?

If not when and how do you intend to introduce this person?

Do you share with your child your feelings about their other parent? Yes No

If so what would be an example of what you would say?

Please add anything else you feel is important for your Parenting Coach to know.



Tab 14: Minutes of Meetings, Emails and Letters

After five way meetings (the two clients and three professionals), or four way meetings or three way meetings, someone will record what was decided and the next steps. This will likely be emailed to you. Please insert these at Tab 14 so you have easy access to these Minutes.



Tab 15: Retainers and Bills from the Team

Please keep a copy of your retainer agreements with each professional and their bills at Tab 15.



Tab 16: Separation Agreement

When the process is concluded, you and your spouse will sign a Separation Agreement which is a legally binding document that outlines all of the agreements reached regarding all issues. This is the final document. Insert it here.



