

ROCCA, GAUR  
Barristers & Solicitors  
FELIX ROCCA  
7050 Weston Road, Suite 302  
Vaughan, Ontario, L4L 8G7  
Tel: (905) 851-7747  
Fax: (905) 851-7834

Date: \_\_\_\_\_

Referral: \_\_\_\_\_

RE: \_\_\_\_\_

\_\_\_\_\_

### INTAKE / ID VERIFICATION

#### 1. CLIENT:

Family Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Business Phone No: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

#### 2. ORIGINAL DOCUMENT REVIEWED-Copy Attached

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

Driver's Licence/  Birth Certificate

Passport/  Other (specify type) \_\_\_\_\_

House Tel: \_\_\_\_\_

#### 3. HOW VERIFIED:

Bus Tel: \_\_\_\_\_

Meeting Date Identity Verified: \_\_\_\_\_

Fax: \_\_\_\_\_

Identity Verified By: \_\_\_\_\_

Cellular: \_\_\_\_\_

Date File Reviewed by Paralegal: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Paralegal: \_\_\_\_\_

Place: \_\_\_\_\_

Entry in Canada: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### 4. FAMILY:

#### 5. CHILDREN:

Marriage Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Place: \_\_\_\_\_

First Name: \_\_\_\_\_

Separation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Divorced: \_\_\_\_\_

School: \_\_\_\_\_

Occupation: \_\_\_\_\_

