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**1. Client Information**

- **Full Name** (required)
  - **Date of Birth** (required)
  - **Address** (Street, City, Postal Code) (required)
  - **Phone Number** (required)
  - **Email Address** (required)
  - **Preferred Method of Communication** ( Phone Email)
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**2. Role in Surrogacy**

- **Please indicate your role in the surrogacy process** (check one):
    - Intended Parent
    - Surrogate
    - Egg Donor
    - Sperm Donor
    - Other (Please specify): \_\_\_\_\_
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**3. Partner/Spouse Information (if applicable)**

- **Full Name of Partner/Spouse** (if applicable)
  - **Partner/Spouse's Phone Number**
  - **Partner/Spouse's Email**
  - **Are they involved in the surrogacy agreement?** ( Yes No)
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**4. Surrogacy Arrangement Information**

- **Are you currently matched with a surrogate or intended parent?** ( Yes No)
- **Name of the Surrogate or Intended Parent** (if applicable):
- **Agency or Independent Match?** (Check one)



- Agency Name: \_\_\_\_\_
  - Independent Match
  - **Is a contract already in place?** ( Yes No)
  - **If no, are you seeking assistance with drafting a surrogacy agreement?** ( Yes No)
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### 5. Type of Surrogacy

- **Please indicate the type of surrogacy arrangement (check one):**
    - Traditional Surrogacy (Surrogate's egg is used)
    - Gestational Surrogacy (Surrogate's egg is NOT used)
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### 6. Medical and Legal Information

- **Has the medical procedure for surrogacy started?** ( Yes No)
  - **Are there any upcoming medical appointments related to surrogacy?** ( Yes No)
  - **If yes, please provide the date(s) and type of appointment(s):**
    - \_\_\_\_\_
  - **Is there a fertility clinic involved?** ( Yes No)
  - **If yes, name of the fertility clinic:** \_\_\_\_\_
  - **Do you have any existing legal agreements related to the surrogacy process?** ( Yes No)
  - **If yes, please provide details:**
    - \_\_\_\_\_
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### 7. Legal Services Needed

- **What specific legal services do you require?** (Check all that apply)
  - Drafting/Reviewing Surrogacy Agreement
  - Establishing Parental Rights (Pre-birth or Post-birth orders)
  - Donor Agreements (Egg, Sperm, or Embryo)
  - Birth Certificate Assistance
  - Other: \_\_\_\_\_

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### 8. Additional Information

- Is this a time-sensitive matter? ( Yes No)
  - If yes, please provide any important dates or deadlines:
    - \_\_\_\_\_
  - Do you have any additional concerns or questions regarding your surrogacy process?
    - \_\_\_\_\_
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### 9. Referral Information

- How did you hear about our services? (Referral, Website, Social Media, Other)
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### 10. Signature and Consent

- **Consent for Personal Information:**  
“I consent to the collection and use of my personal information for the purpose of receiving legal services in connection with the surrogacy process, in accordance with applicable privacy laws in British Columbia.”
- **Client Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_