



---

## PETROFF LAW OFFICES, LLC

---

*Ronald R. Petroff – Managing Partner*  
*Erika M. Smitherman – Partner*

*Chris L. Trolinger - Senior Associate*

*Michelle J. Askins - Associate*

---

### **CLIENT INTERVIEW FORM – CIVIL PROTECTION ORDER**

At Petroff Law Offices, we pride ourselves on giving each client a comprehensive and personalized consultation experience. This often necessitates a thorough review of the details of your case, and our attorneys wish to provide you with the best legal advice given the circumstances of your matter. Please complete as much of the below questionnaire as time allows in advance of your consultation. In the event that the questionnaire cannot be completed prior to the consultation, it can be submitted when you are ready to proceed with your case.

---

140 East Town Street, Suite 1070 · Columbus, OH 43215 · Tel: (614) 222-4288 · Fax: (614) 222-4289

Ronald R. Petroff – [RRP@Petrofflawoffices.com](mailto:RRP@Petrofflawoffices.com)  
Chris L. Trolinger – [CLT@Petrofflawoffices.com](mailto:CLT@Petrofflawoffices.com)

Erika M. Smitherman – [EMS@Petrofflawoffices.com](mailto:EMS@Petrofflawoffices.com)  
Michelle J. Askins – [MJA@Petrofflawoffices.com](mailto:MJA@Petrofflawoffices.com)

**I. Client and Other Party Information**

**General Information:**

**Client**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Telephone (work) \_\_\_\_\_

Telephone (cell) \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_

Driver's License No. \_\_\_\_\_

**Social Media Handles:**

Facebook \_\_\_\_\_

Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_

**Employment Information:**

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position/Title \_\_\_\_\_

**Education Information:**

Highest grade completed \_\_\_\_\_

College/Degrees earned \_\_\_\_\_

**Other Party**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Telephone (work) \_\_\_\_\_

Work Days/Hours \_\_\_\_\_

Telephone (cell) \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Car Make/Model/Color/Year \_\_\_\_\_

**Social Media Handles:**

Facebook \_\_\_\_\_

Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Position/Title \_\_\_\_\_

Highest grade completed \_\_\_\_\_

College/Degrees earned \_\_\_\_\_

## Additional Information On Respondent

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Other Physical Characteristics: \_\_\_\_\_

Does Respondent Abuse Drugs/Alcohol? \_\_\_\_\_ Have Violent Tendencies? \_\_\_\_\_

Carry/Own Weapons? \_\_\_\_\_ If So, Type of Weapon? \_\_\_\_\_

Where are the weapons kept? \_\_\_\_\_

Do you know of any outstanding warrants for respondent? \_\_\_\_\_

If so, what are the warrants for? \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING SECTION ONLY IF APPLICABLE TO YOUR CASE\*\***

### **II. Children of This Relationship**

**A. Insert the information requested below for all minor or dependent children of this relationship. List the residences for all places where the children have lived for the last FIVE years.**

1.

**Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

| Period of Residence | Check if<br><u>Confidential</u>                | <u>Person(s) With Whom Child Lived</u><br>(name & address) | <u>Relationship</u> |
|---------------------|--|--|---------------------|
| _____ to present    | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____      | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____      | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____      | <input type="checkbox"/> Address Confidential? | _____  | _____               |

2. **Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

| <u>Period of Residence</u> |  | <u>Check if Confidential</u>                   | <u>Person(s) With Whom Child Lived</u><br>(name & address) | <u>Relationship</u> |
|----------------------------|--|--|--|---------------------|
| _____ to present           |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____             |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____             |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____             |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |

3. **Child's Name:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

| <u>Period of Residence</u> |  | <u>Check if Confidential</u>                   | <u>Person(s) With Whom Child Lived</u><br>(name & address) | <u>Relationship</u> |
|----------------------------|--|--|--|---------------------|
| _____ to present           |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____             |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____             |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |
| _____ to _____             |  | <input type="checkbox"/> Address Confidential? | _____  | _____               |

**B. Background Questions Relating to Your Minor Child(ren):**

1. Have you ever participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case? \_\_\_\_\_
2. Do you have any information about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case? \_\_\_\_\_
3. List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense; any sexually oriented offense; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense \_\_\_\_\_
4. Do you know of any persons *not* a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case? \_\_\_\_\_
5. Please identify any special issues or concerns regarding the children \_\_\_\_\_
7. If the parties have separated, who are the children living with? \_\_\_\_\_

