



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 – DIVORCE OR DISSOLUTION WITH MINOR CHILD(REN)

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
Chris L. Trolinger – CLT@Petrofflawoffices.com

Erika M. Smitherman – EMS@Petrofflawoffices.com
Michelle J. Askins – MJA@Petrofflawoffices.com

I. Client and Spouse 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 _____
Scheduled paychecks per year 12 24 26 52
Current base annual income _____
Any other current income (unemployment, disability,
Social Security, dividend income, etc.) _____
Income from previous year _____
Bonuses/Commissions from previous year _____

Spouse

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. _____

Current Employer _____
Employer Address _____
City, State, Zip _____
Position/Title _____
Scheduled paychecks per year 12 24 26 52
Current base annual income _____
Any other current income (unemployment, disability,
Social Security, dividend income, etc.) _____
Income from previous year _____
Bonuses/Commissions from previous year _____

Income from two (2) years ago_____

Bonuses/Commissions from 2 years ago_____

Income from three (3) years ago_____

Bonuses/Commissions from 3 years ago_____

Income from two (2) years ago_____

Bonuses/Commissions from 2 years ago_____

Income from three (3) years ago_____

Bonuses/Commissions from 3 years ago_____

Client

Spouse

Education Information:

Highest grade completed_____

College/Degrees earned_____

Highest grade completed_____

College/Degrees earned_____

Prior Relationship Information:

How many times were you married prior to this marriage? _____

Dates of prior marriage(s)_____

Dates of prior divorce(s)_____

Are you paying/receiving spousal support?_____

Are you paying/receiving child support?_____

Have you re-married since your divorce?_____

Have you had other children? _____.

How many times were you married prior to this marriage? _____

Dates of prior marriage (s)_____

Dates of prior divorce(s)_____

Are you paying/receiving spousal support?_____

Are you paying/receiving child support?_____

Have you re-married since your divorce?_____

Health:

Identify any current health issues of Client_____

Identify any current health issues of Spouse_____

II. Information Concerning This Marriage

Date of Marriage_____

Are you living separate from your spouse?_____

Does Wife want maiden name restored? If so, what is the name?_____

Place of Marriage (city, state)_____

When did you separate?_____

III. Children of This Marriage

A. Insert the information requested below for all minor or dependent children of this marriage. 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

<u>Period of Residence</u>	<u>Check if Confidential</u>	<u>Person(s) With Whom Child Lived (name & address)</u>	<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 (name & address)</u>	<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 (name & address)</u>	<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. Are the children in daycare or latchkey? If so, what is the monthly cost? _____
6. Please identify any special issues or concerns regarding the children _____
7. If the parties have separated, who are the children living with? _____
8. In what percentage do you propose to allocate extracurricular activities (including lunch fees, field trips, sports equipment, fees, tutoring, etc.) _____
9. In what percentage do you propose to allocate uncovered child related medical costs _____

C. Custody Arrangements:

1. Custody

a. Identify the custody arrangement that you believe is in the best interest of your children:

____ Sole custody to client (client designated sole custodial parent of the children)

____ Sole custody to spouse (spouse designated sole custodial parent of the children)

____ Shared Parenting (each parent designated sole custodial parent of the children)

____ with equal time division (children reside equally or close to equally with each parent)

____ with children residing primarily with client and visiting with spouse

____ with children residing primarily with spouse and visiting with client

2. Parenting Time Schedule:

a. Identify the parenting time schedule that you believe is in the best interest of your children:

During the school year _____

During summers and holidays _____

3. Child Support

- a. Identify which parent is to pay child support ___ Client ___ Spouse ___ Neither
- b. Have the parties agreed to a child support amount? _____

4. Health Insurance for the Minor Children

- a. Which parent currently provides health insurance for the children _____
 - b. Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)? _____
 - c. Are you enrolled in an individual (non-group or COBRA) health insurance plan? _____
 - d. Are you enrolled in a health insurance plan through a group (employer or other organization)? _____
 - e. Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)? _____
 - f. Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)? _____
 - g. Which parent will pay health insurance for the children *after* the end of the case? _____
 - h. If you are enrolled in a health insurance plan, which of the following people is/are covered:
 - ___ Yourself
 - ___ Your spouse
 - ___ Minor children of this relationship?
 - ___ Others?
 - i. Name of group (employer or organization) that provides health insurance, address and telephone number _____
-

5. Decision-Making Authority

- a. Please specify which parent you believe should serve as the primary decision-maker for the following issues relating to the child(ren)
 - 1. Education
 - ___ client
 - ___ other parent
 - ___ shared decision-making authority
 - 2. Healthcare
 - ___ client
 - ___ other parent
 - ___ shared decision-making authority
 - 3. Religion
 - ___ client
 - ___ other parent

___shared decision-making authority

6. School Placement Parent

a. Please specify which party you believe should be designated parent for school placement purposes:

- ___client
- ___ other parent
- ___both

D. Tax Dependency Exemptions for Children

1. Identify which parent shall be entitled to claim the children as a dependent on their income tax return.

- ___ Client (every year)
- ___ Spouse (every year)
- ___ Alternate every other year
- ___ Other (please describe) _____

E. SPOUSAL SUPPORT – Amount _____ ? Duration _____ ? Modifiable? _____ Terminating

Events _____

IV. Property

A. Real Estate

(1) Address _____ Present Fair Market Value _____

Name on Title _____ Purchase Price _____

Down Payment and source of Payment _____

First Mortgage Lender _____ Balance on First Mortgage _____ Monthly Payment _____

Second Mortgage Lender _____ Balance on Second Mortgage _____ Monthly Payment _____

How do you wish to proceed in terms of above-mentioned property:

- ___ refinance. If so, which spouse will retain the residence? _____
- ___ sell. If so, please list the estimated equity and how you wish to distribute said equity _____

(2) Address _____ Present Fair Market Value _____

Name on Title _____ Purchase Price _____

Down Payment and source of Payment _____

First Mortgage Lender _____ Balance on First Mortgage _____ Monthly Payment _____

Second Mortgage Lender _____ Balance on Second Mortgage _____ Monthly Payment _____

How do you wish to proceed in terms of above-mentioned property:

____ refinance. If so, which spouse will retain the residence? _____
 ____ sell. If so, please list the estimated equity and how you wish to distribute said equity _____

(3) Address _____ **Present Fair Market Value** _____

Name on Title _____ **Purchase Price** _____

Down Payment and source of Payment _____

First Mortgage Lender _____ **Balance on First Mortgage** _____ **Monthly Payment** _____

Second Mortgage Lender _____ **Balance on Second Mortgage** _____ **Monthly Payment** _____

How do you wish to proceed in terms of above-mentioned property:

____ refinance. If so, which spouse will retain the residence? _____
 ____ sell. If so, please list the estimated equity and how you wish to distribute said equity _____

B. Other Assets

Category	Description (List who has possession)	Titled To	Value/Date of Value
1. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)	<input type="checkbox"/> Husband	\$ _____
		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Both	
		1. _____	_____
2. _____	_____	<input type="checkbox"/> Husband	\$ _____
		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Both	
3. _____	_____	<input type="checkbox"/> Husband	\$ _____
		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Both	
4. _____	_____	<input type="checkbox"/> Husband	\$ _____
		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Both	

Category	Description (Include checking, savings, CDs, POD accounts, money market accounts, etc.)	Titled To	Value/Date of Value
2. Financial Accounts (Name of Bank, etc.)		<input type="checkbox"/> Husband	\$ _____
		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Both	
1. _____	_____	_____	_____
2. _____	_____	<input type="checkbox"/> Husband	\$ _____
		<input type="checkbox"/> Wife	
		<input type="checkbox"/> Both	
3. _____	_____	<input type="checkbox"/> Husband	\$ _____

				<input type="checkbox"/> Wife <input type="checkbox"/> Both
			\$	_____
4.				_____

3. Pensions & Retirement plans

(Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)

				Titled To	Value/Date of Value
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
1.	_____	_____			_____
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.	_____	_____			_____

4. Publicly Held Stocks, Bonds, Securities & Mutual Funds

Description

				Titled To	Value/Date of Value
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
1.	_____	_____			_____
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.	_____	_____			_____

5. Closely Held Stocks & Other Business Interests and Name of Company

(Type of ownership and number)

				Titled To	Value/Date of Value
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
1.	_____	_____			_____
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.	_____	_____			_____

6. Life Insurance Type (Term/Whole Life)

(Any cash value or loans)

Titled To

(Insured party & value upon death)

				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
1.	_____	_____			_____
				<input type="checkbox"/> Husband	\$ _____
2.	_____	_____			_____

- Wife
- Both

7. Furniture & Appliances

(Estimate value of those in your possession, and value of those in your spouse's possession)

Titled To

Value/Date of Value

- 1. _____ Husband
 Wife
 Both \$ _____
- 2. _____ Husband
 Wife
 Both \$ _____
- 3. _____ Husband
 Wife
 Both \$ _____
- 4. _____ Husband
 Wife
 Both \$ _____

8. Safe Deposit Box

(Give location and describe contents)

Titled To

- 1. _____ Husband
 Wife
 Both \$ _____

9. Transfer of Assets

Explanation: List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

- 1. _____ Husband
 Wife
 Both \$ _____
- 2. _____ Husband
 Wife
 Both \$ _____

10. All Other Assets Not Listed Above

Explanation: List any item you have not listed above that is considered an asset.

Titled To

Value/Date of Value

- _____ Husband
 Wife
 Both \$ _____
- _____ Husband
 Wife
 Both \$ _____

D. PERSONAL PROPERTY: Are there any items of personal property left in the marital residence of which you would like possession? _____.

E. . SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

1. Category (Pre-marital, Gift, Inheritance, etc., acquired after separation)

	Description	Why do you claim this as a separate property?	Present Fair Market Value
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____

V. Debt

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts.

1. Secured Debt (Mortgages, Car, etc.)	Name of Creditor/Purpose of Debt	Account Name	Name(s) on Account	Total Debt Due	Monthly Payment
1	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
2	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
3	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
4	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____
5	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____

2. Unsecured Debt, including credit cards

Name of Creditor/Purpose of Debt	Account Name	Name(s) on Account	Total Debt Due	Monthly Payment	Available Credit
----------------------------------	--------------	--------------------	----------------	-----------------	------------------

1	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____
3	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____
4	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____
5	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____

VI. Bankruptcy

<u>Filed by: Wife,</u> <u>Husband, Both</u>	<u>Date of Filing:</u> <u>Case Number</u>	<u>Date of Discharge</u> <u>or Relief from Stay</u>	<u>Type of Case</u> <u>(Ch. 7, 11, 12, 13)</u>	<u>Current Monthly</u> <u>Payments</u>
1. <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____

VII. Expenses (Please be advised that if you are proceeding by means of a Dissolution and not a Divorce, you do not need to complete this section on Expenses)

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$ _____
Real estate taxes (if not included above)	\$ _____
Real estate/homeowner's insurance (if not included above)	\$ _____
Second mortgage/equity line of credit	\$ _____
Utilities	
o Electric	\$ _____
o Gas, fuel oil, propane	\$ _____
o Water and sewer	\$ _____
o Telephone	\$ _____
o Trash collection	\$ _____
o Cable/satellite television	\$ _____
Cleaning, maintenance, repair	\$ _____
Lawn service, snow removal	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY :	\$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food

- o Groceries (including food, paper, cleaning products, toiletries, other) \$ _____
- o Restaurant \$ _____

Transportation

- o Vehicle loans, leases \$ _____
- o Vehicle maintenance (oil, repair, license) \$ _____
- o Gasoline \$ _____
- o Parking, public transportation \$ _____

Clothing

- o Clothes (other than children's) \$ _____
- o Dry cleaning, laundry \$ _____

Personal grooming

- o Hair, nail care \$ _____
- o Other _____ \$ _____

Cell phone

\$ _____

Internet (if not included elsewhere)

\$ _____

Other

_____ \$ _____

TOTAL MONTHLY \$ _____

C. MONTHLY CHILD-RELATED EXPENSES

Work/education-related child care \$ _____

Other child care \$ _____

Unusual parenting time travel \$ _____

Special and unusual needs of child(ren) (not included elsewhere) \$ _____

Clothing \$ _____

School supplies \$ _____

Child(ren)'s allowances \$ _____

Extracurricular activities, lessons \$ _____

School lunches \$ _____

Other _____ \$ _____

TOTAL MONTHLY \$ _____

D. INSURANCE PREMIUMS

Life \$ _____

Auto \$ _____

Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	_____
TOTAL MONTHLY		\$ _____

E. MONTHLY EDUCATION EXPENSES

Tuition		
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
TOTAL MONTHLY:		\$ _____

F. MONTHLY HEALTH CARE EXPENSES (not covered by insurance)

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
_____	\$	_____
TOTAL MONTHLY:		\$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	_____
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	_____
Spousal support paid to former spouse(s)	\$	_____
Subscriptions, books	\$	_____
Entertainment	\$	_____
Charitable contributions	\$	_____
Memberships (associations, clubs)	\$	_____
Travel, vacations	\$	_____
Pets	\$	_____

Gifts	\$	_____
Bankruptcy payments	\$	_____
Attorney fees	\$	_____
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	_____
Additional taxes paid (not deducted from wages) (type) _____	\$	_____
Other _____	\$	_____
TOTAL MONTHLY:		\$ _____

H. MONTHLY INSTALLMENT PAYMENTS (example: credit cards and other payments not listed under the “Part VII Expenses” section of this questionnaire)

To whom paid	Purpose	Balance due	Monthly payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL MONTHLY:		\$ _____	\$ _____

Please review the below list of suggested items our firm will require should you choose to move forward with your matter.

- ___ Court pleadings and documents from current case
- ___ Client and spouse income tax returns for the last three years
- ___ Client and spouse pay-stubs for the last three months and most current year-end paystub
- ___ Client and spouse financial account statements (current statements – checking, savings, retirement, money market, investment/brokerage and other financial accounts) for the last three months

___ Client and spouse debt account statements (current statements – loans, credit cards, store cards and any other debts owed) for the last three months

___ Current health insurance information, including cost to provide health coverage for family vs. cost to provide health insurance for individual

___ Home mortgage promissory note, related closing documentation, and most recent real estate appraisal

___ Copies of checks, receipts, or other types of documentation regarding child-related expenses

___ Kelly Blue Book value of current vehicles