



PETROFF LAW OFFICES, LLC

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CLIENT INTERVIEW FORM – JUVENILE CUSTODY

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.

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I. Client and Other Parent 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 _____

Other Parent

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_____

Income from two (2) years ago_____

Bonuses/Commissions from 2 years ago_____

Bonuses/Commissions from 2 years ago_____

Income from three (3) years ago_____

Income from three (3) years ago_____

Bonuses/Commissions from 3 years ago_____

Bonuses/Commissions from 3 years ago_____

Client

Other Parent

Education Information:

Highest grade completed_____

Highest grade completed_____

College/Degrees earned_____

College/Degrees earned_____

Prior Relationship Information:

How many times were you previously married? _____

How many times were you previously married? _____

Dates of prior marriage(s)_____

Dates of prior marriage (s)_____

Dates of prior divorce(s)_____

Dates of prior divorce(s)_____

Are you paying/receiving spousal support?_____

Are you paying/receiving spousal support?_____

Are you paying/receiving child support?_____

Are you paying/receiving child support?_____

Have you re-married since your divorce?_____

Have you re-married since your divorce?_____

Have you had other children? _____.

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

<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?	_____	_____

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

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 other parent (other parent 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 other parent

____ with children residing primarily with other parent 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 ____ Other Parent ____ 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)

Other Parent (every year)

Alternate every other year

Other (please describe) _____

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 income tax returns for the last three years

Client pay-stubs for the last three months

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

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

Birth Certificate, Acknowledgement of Paternity Affidavit

Daycare or afterschool care invoices