



PETROFF, SMITHERMAN  
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## **CLIENT INTERVIEW FORM – JUVENILE CUSTODY**

At Petroff, Smitherman & Associates, 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 \_\_\_\_\_

TikTok \_\_\_\_\_

**Employment Information:**

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

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

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

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

Length of Time at Employer \_\_\_\_\_

Scheduled paychecks per year 12 24 26 52 \_\_\_\_\_

Current base annual income \_\_\_\_\_

Any other current income (unemployment, disability, Social Security, dividend income, etc.) \_\_\_\_\_

Base 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. \_\_\_\_\_

**Social Media Handles:**

Facebook \_\_\_\_\_

Twitter \_\_\_\_\_

Instagram \_\_\_\_\_

TikTok \_\_\_\_\_

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

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

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

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

Length of Time at Employer \_\_\_\_\_

Scheduled paychecks per year 12 24 26 52 \_\_\_\_\_

Current base annual income \_\_\_\_\_

Any other current income (unemployment, disability, Social Security, dividend income, etc.) \_\_\_\_\_

Base Income from previous year \_\_\_\_\_

Bonuses/Commissions from previous year \_\_\_\_\_

Base Income from two (2) years ago \_\_\_\_\_

Bonuses/Commissions from 2 years ago \_\_\_\_\_

Base Income from three (3) years ago \_\_\_\_\_

Bonuses/Commissions from 3 years ago \_\_\_\_\_

**Client**

**Education Information:**

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

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

Technical Certification(s) \_\_\_\_\_

**Prior Relationship Information:**

How many times were you previously married ? \_\_\_\_\_

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? \_\_\_\_\_

If yes, how many minor children? \_\_\_\_\_

Base Income from two (2) years ago \_\_\_\_\_

Bonuses/Commissions from 2 years ago \_\_\_\_\_

Base Income from three (3) years ago \_\_\_\_\_

Bonuses/Commissions from 3 years ago \_\_\_\_\_

**Other Parent**

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

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

Technical Certification(s) \_\_\_\_\_

How many times was he/she previously married? \_\_\_\_\_

Dates of prior marriage (s) \_\_\_\_\_

Dates of prior divorce(s) \_\_\_\_\_

Is he/she paying/receiving spousal support? \_\_\_\_\_

Is he/she paying/receiving child support? \_\_\_\_\_

Has he/she re-married since divorce? \_\_\_\_\_

Does he/she have other children? \_\_\_\_\_

If yes, how many minor 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</u> (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 (name &amp; 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 &amp; 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. Is/are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)? Y / N

c. Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan? Y / N

d. Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace? Y / N

e. Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)? Y / N

f. If your child(ren) is/are not enrolled, do/does he/she/they have health insurance available through a group (employer or other organization)? Y / N

- e. Under the available insurance, what is the annual premium you pay for family coverage? \$ \_\_\_\_\_
- 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 \_\_\_\_\_
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**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
- b. In what district(s) do(es) the child(ren) currently attend school? \_\_\_\_\_

**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