PETROFF LAW OFFICES, LLC

Ronald R. Petroff – Managing Partner

Erika M. Smitherman – Partner

Garibaldy Volney – Associate
Jefferson Yates - Associate

Sandra Goolsby – Associate

CLIENT INTERVIEW FORM – POST DECREE ENFORCEMENT

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 Spouse Information

General Information:

Client	Spouse
Full Legal Name ______________________________	Full Legal Name ______________________________
Home Address ______________________________	Home Address ______________________________
City, State, Zip ______________________________	City, State, Zip ______________________________
County ______________________________	County ______________________________
Telephone (home) ______________________________	Telephone (home) ______________________________
Telephone (work) ______________________________	Telephone (work) ______________________________
Telephone (cell) ______________________________	Telephone (cell) ______________________________
Email address ______________________________	Email address ______________________________
Social Security Number ______________________________	Social Security Number ______________________________
Date of Birth / Age ______________________________	Date of Birth / Age ______________________________
Driver's License No. ______________________________	

Social Media Handles:

Facebook ______________________

Twitter: ______________________

Instagram: ______________________

Employment Information:

Client	Spouse
Current Employer ______________________________	Current Employer ______________________________
Employer Address ______________________________	Employer Address ______________________________
City, State, Zip ______________________________	City, State, Zip ______________________________
Position/Title ______________________________	Position/Title ______________________________
Length of Time at Employer ____________________	Length of Time at Employer ____________________
Scheduled paychecks per year __12 24 26 52_____	Scheduled paychecks per year __12 24 26 52____
Current base annual income ____________________	Current base annual income ____________________
Any other current income (unemployment, disability, Social Security, dividend income, etc.) ____________	Any other current income (unemployment, disability, Social Security, dividend income, etc.) ____________

Client	Spouse
Family and Relationship Information:	
Have you re-married since your divorce?________	Has he/she re-married since your divorce?______
Date of prior divorce_________________________	Date of divorce_____________________________
Are you paying/receiving spousal support?_______	Is he/she paying/receiving spousal support?______

Please explain the circumstances of how and why you and/or your ex-spouse may be in violation of the current order. Please specify the court order to which you are referring.

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

___Parenting log / parenting schedule journal

___Daycare or afterschool care invoices