



PETROFF, SMITHERMAN
& ASSOCIATES, LLC

F A M I L Y L A W A T T O R N E Y S

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CLIENT INTERVIEW FORM – DIVORCE/DISSOLUTION (WITH CHILDREN)

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 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 _____

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.) _____

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. _____

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 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 had other children? _____

If yes, how many minor children? _____

Health:

Identify any current health issues of Client _____

Military:

Are you an active member of the U.S. military?

Y / N

II. Information Concerning This Marriage

Date of Marriage _____

Are you living separate from your spouse? _____

Does either party want maiden/former name restored? If so, what is the name? _____

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 _____

Spouse

Highest grade completed _____

College/Degrees earned _____

Technical Certification(s) _____

How many times was he/she married prior to this marriage? _____

Dates of prior marriage (s) _____

Dates of prior divorce(s) _____

Is he/she paying/receiving spousal support? _____

Is he/she paying/receiving child support? _____

Does he/she have other children? _____

If yes, how many minor children? _____

Identify any current health issues of Spouse _____

Military:

Is your spouse an active member of the U.S. military?

Y / N

Place of Marriage (city, state) _____

When did you separate? _____

Do you have a prenuptial agreement relating to this marriage? _____

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? _____
Who currently pays the daycare to the provider? _____
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)? 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 children 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. Does the available insurance cover primary care services within 30 miles of the children's home? Y / N
- g. Under the available insurance, what would be the annual premium you pay for family coverage? _____
- h. Which parent will pay health insurance for the child(ren) *after* the end of the case? _____
- i. 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?
- j. 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

b. In what school district(s) is/are the child(ren) currently enrolled? _____

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) _____

IV. SPOUSAL SUPPORT – Amount _____? Duration _____? Modifiable? _____

Terminating Events _____

V. 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.) **List Mileage for Each Vehicle**	<input type="checkbox"/> Client	\$ _____
		<input type="checkbox"/> Spouse	
		<input type="checkbox"/> Both	
		<input type="checkbox"/> Client	\$ _____
<input type="checkbox"/> Spouse			
<input type="checkbox"/> Both			
<input type="checkbox"/> Client	\$ _____		
<input type="checkbox"/> Spouse			
<input type="checkbox"/> Both			
<input type="checkbox"/> Client	\$ _____		
<input type="checkbox"/> Spouse			
<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"/> Client	\$ _____
		<input type="checkbox"/> Spouse	
		<input type="checkbox"/> Both	
		<input type="checkbox"/> Client	\$ _____
<input type="checkbox"/> Spouse			
<input type="checkbox"/> Both			
<input type="checkbox"/> Client	\$ _____		
<input type="checkbox"/> Spouse			
<input type="checkbox"/> Both			
<input type="checkbox"/> Client	\$ _____		

Spouse
 Both

3. Pensions & Retirement plans

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

Titled To

Value/Date of Value

1.

Client
 Spouse
 Both

\$ _____

2.

Client
 Spouse
 Both

\$ _____

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

Description

Titled To

Value/Date of Value

1.

Client
 Spouse
 Both

\$ _____

2.

Client
 Spouse
 Both

\$ _____

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

(Type of ownership and number)

Titled To

Value/Date of Value

1.

Client
 Spouse
 Both

\$ _____

2.

Client
 Spouse
 Both

\$ _____

6. Life Insurance Type (Term/Whole Life)

(Any cash value or loans)

Titled To

(Insured party & value upon death)

1.

Client
 Spouse
 Both

\$ _____

2.

Client
 Spouse
 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.

Client
 Spouse
 Both

\$ _____

2.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____
3.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____
4.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____

8. Safe Deposit Box

(Give location and describe contents)

Titled To

1.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____
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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.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____
2.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> 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

			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____
			<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____

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

E. PETS: Do you have pets of which you would like possession?

<u>Name</u>	<u>Type of Animal</u>	<u>Owned Prior to Marriage?</u>	<u>Who to keep?</u>
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1.	
2.	

3. _____

F. 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.	_____	_____	\$ _____

VI. 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"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
2	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
3	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
4	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
5	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <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"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____
2	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____

3				<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____
4				<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____
5				<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____	\$ _____

VII. Bankruptcy

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

VIII. Expenses

A. MONTHLY HOUSING EXPENSES

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

B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____

Transportation

- Vehicle loan, lease \$ _____
- Vehicle maintenance \$ _____
- Gasoline \$ _____
- Parking, public transportation \$ _____

Clothing

- Clothes (other than child(ren)'s) \$ _____
- Dry cleaning and laundry

Personal grooming

- Hair and nail care \$ _____
- Other: _____ \$ _____

TOTAL MONTHLY: \$ _____

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the marriage or relationship)

- Work and/or education-related child care \$ _____
- Other child care \$ _____
- Extraordinary parenting time travel cost \$ _____
- School tuition \$ _____
- School lunches \$ _____
- School supplies \$ _____
- Extracurricular activities and lessons \$ _____
- Clothing \$ _____
- Child(ren)'s allowances \$ _____
- Special and extraordinary needs of child(ren) (not included elsewhere) \$ _____
- Other: _____ \$ _____

TOTAL MONTHLY: \$ _____

D. MONTHLY INSURANCE PREMIUMS

- Life \$ _____
- Auto \$ _____
- Health \$ _____
- Disability \$ _____
- Other: _____ \$ _____

E. MONTHLY WORK AND EDUCATION EXPENSES

Mandatory work expenses (union dues, uniforms, or other)	\$ _____
Additional income taxes paid (not deducted from wages)	\$ _____
Tuition	\$ _____
Books, fees, and other	\$ _____
College loan	
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY:	\$ _____

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

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

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties]	\$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties	\$ _____
Expenses paid for adult child(ren) or other dependent(s)	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions and books	\$ _____
Charitable contributions	\$ _____
Memberships (associations and clubs)	\$ _____
Travel and vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Attorney fees	\$ _____
Other: _____	\$ _____
_____	\$ _____
TOTAL MONTHLY:	\$ _____

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed.)

Examples: car, credit card, rent-to-own, or cash advance payments

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