



PETROFF LAW OFFICES, LLC

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CLIENT INTERVIEW FORM – DIVORCE OR DISSOLUTION **WITHOUT 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.

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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: _____

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 _____

Income from two (2) years ago _____

Bonuses/Commissions from 2 years ago _____

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 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? _____

Have you had other children? _____

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

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	\$	

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

	3. Pensions & Retirement plans		<u>Titled To</u>		<u>Value/Date of Value</u>
	(Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)				
1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

	4. Publicly Held Stocks, Bonds, Securities & Mutual Funds	<u>Description</u>	<u>Titled To</u>		<u>Value/Date of Value</u>
1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

5. Closely Held Stocks & Other Business Interests and Name of Company	(Type of ownership and number)	Titled To	Value/Date of Value
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
_____	_____		_____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
_____	_____		_____

6. Life Insurance Type (Term/Whole Life)	(Any cash value or loans)	Titled To	(Insured party & value upon death)
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
_____	_____		_____
2. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> 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. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
_____	_____		_____
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	\$ _____
_____	_____		_____

8. Safe Deposit Box	(Give location and describe contents)	Titled To	Value/Date of Value
1. _____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> 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.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <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"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$ _____
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <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. 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
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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	_____	_____	_____	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	\$ _____	\$ _____	\$ _____
3	_____	_____	_____	\$ _____	\$ _____	\$ _____
4	_____	_____	_____	\$ _____	\$ _____	\$ _____
5	_____	_____	_____	\$ _____	\$ _____	\$ _____

VI. Bankruptcy

Filed by: <u>Wife,</u> <u>Husband, Both</u>	Date of Filing: <u>Case Number</u>	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
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 & most recent 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
- ___ Kelly Blue Book value of current vehicles