



PETROFF, SMITHERMAN
& ASSOCIATES, LLC

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

Ronald R. Petroff – Managing Partner

Erika M. Smitherman – Partner

Jefferson C. Yates - Associate
Aaron J. Larson - Associate

Elizabeth R. Mitchell – Associate

CLIENT INTERVIEW FORM – POST DECREE MOD/ENFORCEMENT (CHILD RELATED)

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.

140 East Town Street, Suite 1070, Columbus, OH 43215 | Tel: (614) 222-4288 | Fax: (614) 222-4289

Ronald R. Petroff – rrp@petrofflawoffices.com
Jefferson C. Yates – jcy@petrofflawoffices.com
Aaron J. Larson – ajl@petrofflawoffices.com

Erika M. Smitherman – ems@petrofflawoffices.com
Elizabeth R. Mitchell – erm@petrofflawoffices.com

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) _____

Health:

Do you have any current health problems? If yes, please explain:

Military:

Are you in active U.S. military service? Y / N

Family and 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? _____

Age(s)? _____

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) _____

Health:

Does he/she have any known health problems? If yes, please explain:

Military:

Is he/she in active U.S. military service? Y / N

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? _____

Has he/she re-married since your divorce? _____

Has he/she had other children? _____

Age(s)? _____

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?	_____	_____

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 this cost? _____
6. Please identify any special issues or concerns regarding the children _____
7. If the parties have separated, who are the children living with? _____

C. Current Custody Arrangements and Support Obligations:

1. Custody

Identify the current custody arrangement:

- ___ 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 current parenting time schedule:

During the school year _____

During summers and holidays _____

3. Child Support

- a. Identify which parent is currently pays child support ___ Client ___ Other Parent ___ Neither
- b. What is the current monthly amount of child support to be paid? _____
- c. Is the current amount based on the child support guidelines or a deviation from the guidelines? _____
- c. Is child support current or is there an arrearage? _____

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 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
- g. Does the available insurance cover primary care services within 30 miles of the child(ren)'s home? Y / N
- h. Under the available insurance, what is the annual premium you pay for family coverage? \$ _____
- 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. In what district do(es) the child(ren) currently attend school? _____

In what grade(s) is/are the child(ren) currently? _____

6. Is the current child custody and/or support order being followed? Please explain. _____

E. Desired Custody Arrangements and Support Obligations (if applicable):

1. What circumstances have changed since the current child custody arrangement and/or child support obligation were made a court order? _____

2. 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

3. Parenting Time Schedule

Identify the parenting time schedule that you believe is in the best interest of your children:

During the school year _____

During summers and holidays _____

4. Child Support

- a. Identify which parent should pay child support _____ Client _____ Other Parent _____ Neither
- b. Have the parties discussed to or agreed to an alternative child support amount? _____

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

F. 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

___ Parenting log / parenting schedule journal

___ Daycare or afterschool care invoices