



PETROFF, SMITHERMAN
& ASSOCIATES, LLC

FAMILY LAW ATTORNEYS

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CLIENT INTERVIEW FORM – DIVORCE OR DISSOLUTION WITHOUT 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 _____

Payroll 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 _____

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 _____

Payroll 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? _____

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. 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	<u>Description</u> (List who has possession) (Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.) **List Mileage for Each Vehicle**	Titled To	Value/Date of Value
1. Vehicles and Other Certificate of Title Property			
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	\$ _____
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	\$ _____

Category	<u>Description</u> (Include checking, savings, CDs, POD accounts, money market accounts, etc.)	Titled To	Value/Date of Value
2. Financial Accounts (Name of Bank, etc.)			
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	\$ _____
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	\$ _____

Category	<u>Description</u> (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	Titled To	Value/Date of Value
3. Pensions & Retirement plans			
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	\$ _____

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

	<u>Description</u>	Titled To	Value/Date of Value
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	\$ _____

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

(Type of ownership and number)

	<u>Description</u>	Titled To	Value/Date of Value
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	\$ _____

6. Life Insurance Type (Term/Whole Life)

(Any cash value or loans)

Titled To

(Insured party & value upon death)

	<u>Description</u>	Titled To	Value/Date of Value
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	\$ _____

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

	<u>Description</u>	Titled To	Value/Date of Value
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	\$ _____
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

- Client
- Spouse
- Both

\$ _____

1. _____

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.

- Client
- Spouse
- Both

\$ _____

1. _____

- Client
- Spouse
- Both

\$ _____

2. _____

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

- Client
- Spouse
- Both

\$ _____

- Client
- Spouse
- Both

\$ _____

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

E. PETS:

Name

Type of Animal

Owned Prior to Marriage?

Who to keep?

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.	_____	_____	\$ _____

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
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	_____	_____	_____

VI. Bankruptcy

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

VII. 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 CHILD-RELATED EXPENSES

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: _____	\$ _____
TOTAL MONTHLY: \$ _____	

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

