

**THOMPSON, THOMPSON & GLANVILLE, PLC CUSTODY/CHILD
SUPPORT/PARENTING TIME INTERVIEW SHEET**

Date _____

Our File No. _____

Client

Full name _____

Birth date _____

Age _____

Address _____

Home phone _____

Work phone _____

Cell phone _____

Pager _____

E-mail address _____

Fax _____

Social Security no. _____

Driver's License no. _____

State _____

Occupational License no(s). _____

Armed Forces status _____

Birth place _____

Next of kin _____

Relation _____

Address _____

Other Party

Full name _____

Birth date _____

Age _____

Address _____

Home phone _____

Work phone _____

Cell phone _____

Pager _____

E-mail address _____

Fax _____

Social Security no. _____

Driver's License no. _____

State _____

Occupational License no(s). _____

Armed Forces status _____

Birth place _____

Next of kin _____

Relation _____

Address _____

CHILDREN

1. Name _____ Birth date _____ Age _____
Living with Client Other Party Social Security no. _____
School _____ Grade _____
2. Name _____ Birth date _____ Age _____
Living with Client Other Party Social Security no. _____
School _____ Grade _____
3. Name _____ Birth date _____ Age _____
Living with Client Other Party Social Security no. _____
School _____ Grade _____

Residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>
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Is other party pregnant?

Yes When is birth expected?

No

Name of health care insurance provider for children _____

Policy, group, or contract number _____

Paid by whom? _____

Does your/the other party's health insurance require that he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.) _____

Child care

Yes How many weeks per year? _____

Paid by whom? _____ Cost per week During school _____ Summer _____

No

Are you *paying* or *receiving* support for other children (circle one)?

Yes How much per week? \$ _____

No. of children _____

No

Is the other party *paying* or *receiving* support for other children (circle one)?

Yes How much per week? \$ _____

No. of children _____

Provide copies of the court support orders.

No

Does either party have children from a prior relationship?

1. Name _____ Birth date _____ Age _____

Living with Client other party Social Security no. _____

2. Name _____ Birth date _____ Age _____

Living with Client other party Social Security no. _____

CUSTODY AND SUPPORT

How are the "best interests of the children" served regarding custody? (Who should have custody and why?)

If you and the other party have agreed on custody, describe.

Do you know of anyone else who claims parenting time rights with your children?

Yes State the person's name, address, and relationship. _____

No

Has support been paid since separation?

Yes How much per week? \$ _____

No

If you and the other party have agreed on child support, how much per week? \$ _____

PRIOR LITIGATION

Has either party previously filed for custody, etc, in this county or elsewhere?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Has there been any previous domestic relations case filed in this county involving you and/or the other party or any other family member?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Does anyone else claim custody over children of you or the other party?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Is there an order/judgment for continuing jurisdiction over children of you or the other party for any other reason?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Is there presently on file a case where one of the parties is currently paying support for another child not of this relationship?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No _____

FAMILY HEALTH AND SOCIAL ISSUES

Do you, the other party, or your children have

- any serious physical or mental disability, disorder, handicap or incurable disease?

Yes Please explain. _____

No

- any problems with substance abuse (drugs, alcohol)?

Yes What type of drugs? _____

What treatment and by whom? _____

When? _____

Place of treatment _____

No

What physical abuse, if any, has occurred and on what dates? _____

Has either party ever been arrested, convicted, imprisoned, or placed on probation?

Yes Explain. _____

No

Any particular interest in another person by either party _____

Any problems with debts _____ Gambling _____

Personal counseling (yours/other party's) _____

Would you begin or continue counseling? _____

Attitudes (yours/other party's) toward reconciliation _____

Are you or the other party receiving ADC?

Yes Caseworker _____ Case no. _____

No

PHYSICAL INFORMATION

Physical Description of Client:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses No Yes Worn all the time? Yes No

Mustache/beard No Yes Color _____

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Physical Description of Other Party:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses No Yes Worn all the time? Yes No

Mustache/beard No Yes Color _____

Distinguishing scars or tattoos _____

Any current restraining orders? _____

EMPLOYMENT

Client

Other Party

Employer _____
Address _____

Employer _____
Address _____

Date of hire _____
Occupation _____
Weekly gross pay _____
Weekly take home _____
Pension _____
Early retirement benefits _____
Signing bonus or any special payment _____
Profit-sharing _____
Recognition or other awards _____
Income last year _____

Date of hire _____
Occupation _____
Weekly gross pay _____
Weekly take home _____
Pension _____
Early retirement benefits _____
Signing bonus or any special payment _____
Profit-sharing _____
Recognition or other awards _____
Income last year _____

Please attach a copy of your last 3 pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. **Please attach the last 2 income tax returns** (personal and business) with their schedules and W-2 forms.

Previous employer _____
Address _____
Annual income _____

Previous employer _____
Address _____
Annual income _____

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

- 1. Type (wage/dividend) _____
Gross per year _____ In whose name _____
- 2. Type (wage/dividend) _____
Gross per year _____ In whose name _____

EDUCATION

Client

Other Party

Highest degree obtained _____
High school _____
Date of diploma or GED _____
Univ./College _____
Degree _____
Date obtained _____
Additional training _____

Highest degree obtained _____
High school _____
Date of diploma or GED _____
Univ./College _____
Degree _____
Date obtained _____
Additional training _____

WHAT ARE YOUR GOALS IN THIS CASE?

- Custody of children _____
- Parenting time rights _____
- Child support payments _____
- Health insurance for children _____
- Other _____

PLEASE GIVE A BRIEF SUMMARY OF WHAT YOU THINK A FAIR SETTLEMENT WOULD BE: