



PETROFF, SMITHERMAN
& ASSOCIATES, LLC

FAMILY LAW ATTORNEYS

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CLIENT INTERVIEW FORM – ABUSE, NEGLECT, DEPENDENCY

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 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 annual income _____

Any other current income (unemployment, disability, Social Security, dividend income, etc.) _____

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 annual income _____

Any other current income (unemployment, disability, Social Security, dividend income, etc.) _____

II. Children's Information

A. Insert the information requested below for all minor or dependent children within your custody, as well as all children for whom you are the legal parent or alleged biological parent. 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 allegations of abuse, neglect, or dependency; custody; or visitation (parenting time); pertaining to 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; abuse, neglect, or dependency 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.

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? _____
6. Please identify any special issues or concerns regarding the children, including but not limited to special physical, emotional/psychological, or cognitive (ex: IEP or cognitive delay) needs _____

C. Agency-Involvement:

1. **Legal Status:** Indicate which of the following best describe(s) your current involvement with the applicable Child Protective Services Agency:

_____ Pre-investigation (Agency has contacted me regarding allegations of abuse/neglect/dependency)

_____ Investigation is under way (I am participating in the Agency's investigation, but have not yet been informed regarding the outcome of the investigation – I do not know if the allegations have been substantiated, unsubstantiated, or indicated)

_____ Voluntary involvement (Agency has issued a determination regarding the outcome of their investigation – substantiated, unsubstantiated, or indicated – and I am still involved with/receiving services from the Agency, but no court order has required me to do so)

_____ Pending court-involvement (Agency has asked the Court to issue legal orders – these orders can vary between a Temporary Order of Protective Services, Court-Ordered Protective Services, Emergency Custody, Temporary Custody, and Permanent Custody)

_____ Temporary Order of Protective Services / Court-Ordered Protective Services (Court has issued an order requiring a minimum of monthly meetings between the Agency and my family)

_____ Emergency Custody (Court has issued an *ex parte* or Emergency Custody Order that grants the Agency custody of my child – at this stage, a Shelter Care Hearing has likely been scheduled)

_____ Temporary Custody (Court has granted custody of my child(ren) to the Agency, but the Agency has not received Permanent Custody of the child(ren))

_____ Permanent Custody (Court has granted, or Agency has sought, permanent custody of my child(ren))
2. **Case Plan Activities:** If the Agency has created a case plan in your case, what activities does it require you and/or your family and household members to complete?

3. **Progress/Status of Case Plan Activities:** Please denote the status of progress in any of the above case plan activities, including any activities that have been completed. Please include progress as it pertains to parenting time visits in this section (i.e. how often are you exercising parenting time with child(ren) in agency custody? Have you missed any scheduled or allowed parenting time?)

4. **Prior Agency-involvement:** Have you, or anyone in your family or household, been involved with any Children Services Agency prior to this case? Please include involvement both as an adult and a child, and provide a brief description of the involvement.

5. **Other Service Providers Involved / Benefits Receiving:** Please indicate any additional treatment providers (counselors, therapists, specialists, etc.) that are involved with your family, and any government or grant-based benefits you are currently receiving.

Please review the below list of suggested items our firm may require should you choose to move forward with your matter.

___ Court pleadings and documents from current case

___ Client pay-stubs for the last three months

___ Copies of checks, receipts, or other types of documentation regarding child-related expenses

___ Birth Certificate, Acknowledgement of Paternity Affidavit