

THOMPSON, THOMPSON & GLANVILLE, PLC

ATTORNEYS AT LAW
www.thompsonglanville.com

Tracy M. Thompson
Laura H. Thompson
Ryan T. Glanville
Deborah K. Sherman, Paralegal

111 E. Court Street
Post Office Box 609
Ludington, Michigan 49431-0609
Tel (231) 843-8579
Fax (231) 843-9456

tracy@thompsonglanville.com
laura@thompsonglanville.com
ryan@thompsonglanville.com
deborah@thompsonglanville.com

CUSTODY/CHILD SUPPORT/PARENTING TIME INTERVIEW SHEET

Date:		Our File No:	
CLIENT INFORMATION			
Your Name (First, Middle, Last):			
Address:			
City:	State:	Zip:	Phone:
Cell Phone:	Email address:		
Do you prefer to have invoices sent to you via: <input type="checkbox"/> Email <input type="checkbox"/> First Class Mail <input type="checkbox"/> Both			
Date of Birth:	Birthplace:	Social Security #:	
Driver's License # and State:		Armed Forces status:	
Next of kin (Relation's name and address):			
OTHER PARTY INFORMATION			
Other Party's Name (First, Middle, Last):			
Address:			
City:	State:	Zip:	Phone:
Cell Phone:	Email address:		
Date of Birth:	Birthplace:	Social Security #:	
Driver's License # and State:		Armed Forces status:	
Next of kin (Relation's name and address):			
CHILDREN UNDER 18 (SPECIFY FROM THIS RELATIONSHIP OR PRIOR RELATIONSHIP)			
Name (First, Middle, Last):		Date of Birth:	
Social Security #:	Grade:	School:	
Child Lives With: <input type="checkbox"/> Client <input type="checkbox"/> Other party		<input type="checkbox"/> Child of this relationship <input type="checkbox"/> Child of prior relationship	
Name (First, Middle, Last):		Date of Birth:	
Social Security #:	Grade:	School:	
Child Lives With: <input type="checkbox"/> Client <input type="checkbox"/> Other party		<input type="checkbox"/> Child of this relationship <input type="checkbox"/> Child of prior relationship	
Name (First, Middle, Last):		Date of Birth:	
Social Security #:	Grade:	School:	
Child Lives With: <input type="checkbox"/> Client <input type="checkbox"/> Other party		<input type="checkbox"/> Child of this relationship <input type="checkbox"/> Child of prior relationship	
ATTACH ADDITIONAL SHEET IF NEEDED			

Where	Residence of the children during the last five years: With whom	How long
Are you or other party pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes When is birth expected? _____		
Name of health care insurance provider for children		
Policy, group, or contract number	Paid by whom?	
Does your/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: <input type="checkbox"/> No Yes: How many weeks per year: _____ during school _____ summer Cost per week? _____ Paid by whom? _____		
Are <u>you</u> <i>paying</i> or <i>receiving</i> support for other children (circle one)? <input type="checkbox"/> No <input type="checkbox"/> Yes How much per week? \$ _____ No. of children _____ Provide copies of the court support orders.		
Is the other party <i>paying</i> or <i>receiving</i> support for other children (circle one)? <input type="checkbox"/> No <input type="checkbox"/> Yes How much per week? \$ _____ No. of children _____ Provide copies of the court support orders.		
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? <input type="checkbox"/> No <input type="checkbox"/> Yes State the person's name, address, and relationship. _____		
Has support been paid since separation? <input type="checkbox"/> No <input type="checkbox"/> Yes How much per week? \$ _____		
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? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.		
Has there been any previous domestic relations case filed in this county involving you and/or the other party or any other family member? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.		
Does anyone else claim custody over children of you or the other party? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.		
Is there an order/judgment for continuing jurisdiction over children of you or the other party for any other reason? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.		
Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.		

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?
☐ No ☐ Yes Please explain: _____

Do you, the other party, or your children have any problems with substance abuse (drugs, alcohol)? ☐ No ☐ Yes
What type of drugs? _____ What treatment and by whom? _____
When? _____ Place of treatment: _____

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

Has either party ever been arrested, convicted, imprisoned, or placed on probation?
☐ No ☐ Yes Explain. _____

Any particular interest in another person by either party? ☐ No ☐ Yes Explain. _____

Any problems with debts: ☐ No ☐ Yes Explain. _____

Any problems with gambling ☐ No ☐ Yes Explain. _____

Any Personal counseling (yours/other party's)?
☐ No ☐ Yes Explain. _____

Would you begin or continue counseling?
☐ No ☐ Yes Explain. _____

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

Are you or the other party receiving ADC? ☐ No ☐ Yes Caseworker: _____ Case No: _____

PHYSICAL INFORMATION

Physical Description of Client:

Race:	Height:	Weight :	Eye color:	Hair color:
Glasses <input type="checkbox"/> No <input type="checkbox"/> Yes Worn all the time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mustache/beard <input type="checkbox"/> No <input type="checkbox"/> Yes Color	
Distinguishing scars or tattoos			Any current restraining orders?	

Physical Description of Other Party:

Race:	Height:	Weight :	Eye color:	Hair color:
Glasses <input type="checkbox"/> No <input type="checkbox"/> Yes Worn all the time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mustache/beard <input type="checkbox"/> No <input type="checkbox"/> Yes Color	
Distinguishing scars or tattoos			Any current restraining orders?	

EMPLOYMENT

Client's Employment Information:

Employer Name:	Employer Address:	
Occupation:	Professional license, type and no:	
Gross Income (before taxes and other deductions): \$_____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly		
Hourly pay rate (including shift premium and cost of living adjustment: \$_____		
Total regular hours worked per pay period:	Average overtime hours for past 12 months:	Date of hire:
Income last year: \$	Weekly take home: \$	Recognition or other awards
Employment benefits: <input type="checkbox"/> health insurance <input type="checkbox"/> vision insurance <input type="checkbox"/> dental insurance <input type="checkbox"/> life insurance <input type="checkbox"/> profit-sharing <input type="checkbox"/> early retirement benefits _____ <input type="checkbox"/> signing bonus or any special payment <input type="checkbox"/> retirement _____ <input type="checkbox"/> Pension _____ <input type="checkbox"/> car allowance _____ (amount) <input type="checkbox"/> expense reimbursements _____ <input type="checkbox"/> other _____		

Please attach a copy of your four most recent paycheck 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:
Other income sources (provide monthly income from all other sources):		
Type (wage/dividend)		Gross Per Year \$
Type (wage/dividend)		Gross Per Year \$
If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information regarding your last full-time employer: <input type="checkbox"/> Never employed full-time Name of last full-time employer: _____ Position: _____ Address of last full-time employer: _____ Last day employed full-time: _____ Length of time employed: _____ Reason for leaving last full-time employment: _____ Gross earning per pay period (earning before taxes): \$ _____		
If self-employed, list each owner's draw you have made during the past twelve month:		
Other Party's Employment Information (please attach a copy of the other party's four most recent paycheck stubs):		
Employer Name:	Employer Address:	
Occupation:	Professional license, type and no:	
Gross Income (before taxes and other deductions): \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly		
Hourly pay rate (including shift premium and cost of living adjustment: \$ _____		
Total regular hours worked per pay period:	Average overtime hours for past 12 months:	Date of hire:
Income last year: \$	Weekly take home: \$	Recognition or other awards
Previous employer:	Address:	Annual income:
Other income sources (provide monthly income from all other sources):		
Type (wage/dividend)		Gross Per Year \$
Type (wage/dividend)		Gross Per Year \$
EDUCATION		
Client	Highest degree obtained:	
High school:	Date of diploma or GED:	
Univ./College:	Degree:	Date obtained:
Univ./College:	Degree:	Date obtained:
Additional training:		
The other party	Highest degree obtained:	
High school:	Date of diploma or GED:	
Univ./College:	Degree:	Date obtained:
Univ./College:	Degree:	Date obtained:
Additional training:		
WHAT ARE YOUR GOALS IN THIS CASE?		
	Custody of children	Describe:
	Parenting time rights	Describe:
	Child support payments	Describe:
	Health insurance for children	Describe:
	Other	Describe:

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