



CLIENT INFORMATION SHEET FOR POST-DECREE MATTERS

Date _____

1. Background:

A. You:

Your complete legal name _____
 Other names you have used _____

Your Date of Birth _____ Age _____ SSN _____

Your Present Address and Zip _____
 Mailing address (if different) _____
 How long at current resident of _____ County, _____, _____
name county name state #of months

Your home phone _____ Work phone _____
between hours of _____ and _____ between hours of _____ and _____

Employment:

Present employer's name _____
 Address _____

Job Title _____ Duties _____
 Date of hire _____ Current rate of pay _____

Frequency of pay _____ Pension? Yes No Type _____
 Gross pay per pay period _____ Net _____

Deductions other than taxes? Yes No If yes, what for, how much _____

Are there any benefits of employment such as company car/meals/sick days or vacation days due and owing? _____

Other Income Amounts:

Commissions	\$ _____	Company Car	\$ _____
Bonus	\$ _____	Profit Sharing	\$ _____
Expense Acct	\$ _____	Overtime	\$ _____
Other	\$ _____	Other	\$ _____

Other Sources of Income:

Pensions: _____	Annuities: _____
Interest on Savings _____	Rent(s) _____
Royalties _____	Dividends _____
Workers' Comp _____	Disability _____
Social Security _____	Support rec'd for other children _____
Other _____	Other _____

Prior employer's name _____
 Address _____

Worked there from _____ to _____
Job Title _____ Pension? Yes No Type _____
If yes, does it still exist or did you withdraw it when you left that job _____

Education:

Years of schooling _____
Where _____ Degree _____

B. The Other Party (Former Spouse):

Former Spouse's Complete Legal Name _____
Other names he/she has used _____

Present Address and Zip _____
Mailing address (if different) _____
How long at current resident of _____ County _____, Ohio _____
name county name state # of months

Home phone _____ Work phone _____
between hours of ____ and ____ between hours of ____ and ____
Date of Birth _____ Age _____ SSN _____

Employment:

Present employer's name _____
Address _____

Job Title _____ Duties _____
Date of hire _____ Current rate of pay _____

Frequency of pay _____ Pension? Yes No Type _____
Gross pay per pay period _____ Net _____

Deductions other than taxes? Yes No If yes, what for, how much _____

Are there any benefits of employment such as company car/meals/sick days or vacation days due and owing? _____

Other Income Amounts:

Commissions	\$ _____	Company Car	\$ _____
Bonus	\$ _____	Profit Sharing	\$ _____
Expense Acct	\$ _____	Overtime	\$ _____
Other	\$ _____	Other	\$ _____

Other Sources of Income:

Pensions: _____	Annuities: _____
Interest on Savings _____	Rent(s) _____
Royalties _____	Dividends _____
Workers' Comp _____	Disability _____
Social Security _____	Support rec'd for other children _____
Other _____	Other _____

Prior employer's name _____
Address _____

Worked there from _____ to _____

Job Title _____ Pension? Yes No Type _____
If yes, does it still exist or did you withdraw it when you left that job _____

C. Medical Insurance Information:

#1 Name of Insurer _____
Address _____
Plan Code Number _____ Group No. _____
Is it provided by employment _____
Cost of coverage (give both Family and Single cost) _____
Details of coverage _____

#2 Name of Insurer _____
Address _____
Plan Code Number _____ Group No. _____
Is it provided by employment _____
Cost of coverage (give both Family and Single cost) _____
Details of coverage _____

D. Child Support other children:

Do you or former spouse pay or receive support for other children? If so, give all details _____

E. Your Monthly Budget:

- 1. Food
 - home _____
 - school lunches _____
 - food away from home _____
- 2. Rent/1st Mortgage
 - 2nd Mortgage/Equity Loan _____
- 3. Taxes on Real Estate if not included _____
- 4. Homeowner's/renter's Insurance if not included _____
- 5. Home maintenance/repairs _____
- 6. Utilities: Electric
 - Gas/Heat _____
 - Water _____
 - Sewer _____
 - Cable _____
 - Trash Removal _____
 - Phone _____
- 7. Automobile
 - Gasoline _____
 - Parking _____
 - Repairs/Maintenance _____
 - Insurance _____
 - Registration/Licenses _____
- 8. Clothing
 - Self _____
 - Children _____
 - Laundry/Dry cleaning _____
- 9. Toiletries/Haircuts _____
- 10. Child care _____
- 11. Medical
 - Health Insurances _____
 - Doctors (out of pocket) _____

- Dentists (out of pocket) _____
 - Optical (out of pocket) _____
 - Orthodontic (out of pocket) _____
 - Prescriptions (out of pocket) _____
 - Counselors (out of pocket) _____
 - Other (please list) _____
 - 12. Entertainment/Cultural/Recreational _____
 - 13. Donations _____
 - 14. Newspapers/Magazines _____
 - 15. School Supplies _____
 - 16. School Tuition _____
 - 17. Allowances for children _____
 - 18. Life/Disability Insurance Premiums _____
 - 19. Income Taxes (not withheld) _____
 - 20. Deferred Compensation _____
 - 21. Union Dues _____
 - 22. Gifts (holidays, birthdays) _____
 - 23. Condo/Association Fees _____
 - 24. Other _____
 - 25. Other _____
 - 26. Other _____
 - 27. Other _____
- TOTAL _____

F. Children with Former Spouse:

Name	Date of Birth	SSN	Living with now

G. Children of Other Relationships:

Name	Date of Birth	SSN	Living with now

H. Child's Assets: Do any of the children listed above (who are under age 18 or are still in high school beyond age 18) have employment? Yes No If so, please give details: _____

I. Special Needs Do any of the children listed above have any special needs or disabilities which require on-going medical treatment, school, training or equipment? Yes No If so, please give details: _____

J. Residences: Where have the MINOR children of this marriage resided for the past five years?

Date Moved In/Date Moved Out	Address	With Whom

K. Domestic Violence/Child Abuse:

Has anyone in your household (or the other parent’s household) been convicted of or pled guilty to a charge of domestic violence or abuse or neglect of ANY child? Yes No If yes, give all details: _____

L. Current Residential Arrangements for Children: Give all details: _____

M. Planning:

1. Will you consider a Shared Parenting Plan where neither parent has “full custody” but the parents are each the “residential parent and legal custodian” of the child? Yes No Note: Shared Parenting does NOT mean sharing parenting time 50/50. _____

2. Are there any reasons for any special limits or restrictions on a parent’s contact with a child, or on decision-making authority or in dispute resolution method? Yes No If yes, give all details: _____

3.

4. For the past 12 months, which parent has performed the following parenting functions?
Mother Father Both

- a. Care for children when ill
- b. Take children to health care appointments
- c. Participate in educational activities (school, social skills, sports, etc.)
- d. Read to children/teach task
- e. Discipline
- f. Bathe/diaper/attend to hygiene

- g. Prepare meals, shop for groceries, eat with children
- h. Purchase clothing, launder clothing
- i. Teach sports, hobbies

5. What was your employment/activity schedule for the past 12 months?

6. What was the child's (were the children's) school and activity schedule for the past 12 months?

7. What is your current employment/activity schedule?

8. What is the child's (are the children's) current school and activity schedule?

9. What forms of discipline do you use with the children and for what kinds of rules infractions? (Be specific) _____

10. What do you consider your greatest strengths and weaknesses as a parent? _____

11. What do you consider the other parent's greatest strengths and weaknesses as a parent? _____

12. Why is the current parenting time arrangement in need of revision in your opinion? _____

13. How would you propose that decisions regarding the children be made in the future? (Circle)

- | | | | |
|---------------------------------|-----|-------|------|
| a. Education | You | Other | Both |
| b. Non-emergency health care | You | Other | Both |
| c. Religious upbringing | You | Other | Both |
| d. Extracurricular activities | You | Other | Both |
| e. Grooming/daily personal care | You | Other | Both |
| f. Discipline | You | Other | Both |
| g. Privileges | You | Other | Both |

- | | | | |
|--------------------|-----|-------|------|
| h. Supervision | You | Other | Both |
| i. Other (Specify) | You | Other | Both |
| j. Other (Specify) | You | Other | Both |

14. How would you arrange parenting time for the children with both parents? _____

15. Please give all other relevant and helpful information regarding the children: _____
