

Ronald R. Petroff – Managing Partner Erika M. Smitherman – Partner

Chris L. Trolinger - Senior Associate

Michelle J. Askins - Associate

CLIENT INTERVIEW FORM – Grandparent's Rights

At Petroff Law Offices, 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 r to the consultation, it can be submitted when you are ready to proceed with your case.

140 East Town Street, Suite 1070 · Columbus, OH 43215 · Tel: (614) 222-4288 · Fax: (614) 222-4289

I. Client and Spouse Information

General Information:

<u>Client</u>	<u>Parents</u>
Full Legal Name	Full Legal Name(s)
Home Address	Home Address(es)
City, State, Zip	City, State, Zip
County	County
Telephone (home)	Telephone (home)
Telephone (work)	Telephone (work)
Telephone (cell)	Telephone (cell)
Email address	Email address(es)
Social Security Number	Social Security Number(s)
Date of Birth / Age	Date of Birth / Age(s)
Driver's License No	
Social Media Handles:	
Facebook	
Twitter:	
Instagram:	
Employment Information:	
Employment information.	
Current Employer	Current Employer(s)
Employer Address	Employer Address
City, State, Zip	City, State, Zip
Position/Title	Position/Title(s)
Current base annual income	Current base annual income(s)

_	
	eview the below list of suggested items our firm will require should you choose to move forw ter.
	pleadings and documents from current case-if applicable.