

# THOMPSON, THOMPSON & GLANVILLE, PLC

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## CUSTODY/CHILD SUPPORT/PARENTING TIME INTERVIEW SHEET

Date \_\_\_\_\_ Our File No. \_\_\_\_\_

Do you prefer to have invoices sent to you via:    Email    First Class Mail    Both (circle one)

*Client*  
Full name \_\_\_\_\_  
Birth date \_\_\_\_\_  
Age \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
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 \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Social Security no. \_\_\_\_\_  
Driver's License no. \_\_\_\_\_  
State \_\_\_\_\_  
Occupational License no(s). \_\_\_\_\_  
Armed Forces status \_\_\_\_\_  
Birth place \_\_\_\_\_  
Next of kin \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_

## CHILDREN OF THIS RELATIONSHIP

- Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_ Social Security no. \_\_\_\_\_  
Living with  Client  Spouse School \_\_\_\_\_ Grade \_\_\_\_\_
- Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_ Social Security no. \_\_\_\_\_  
Living with  Client  Spouse School \_\_\_\_\_ Grade \_\_\_\_\_
- Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_ Social Security no. \_\_\_\_\_  
Living with  Client  Spouse School \_\_\_\_\_ Grade \_\_\_\_\_

## CHILDREN FROM PRIOR RELATIONSHIP

Does either party have children from a prior relationship?

- Name \_\_\_\_\_ Is the child of  Client or  Other Party Age \_\_\_\_\_  
Birth date \_\_\_\_\_ Social Security no. \_\_\_\_\_ Child Lives with: \_\_\_\_\_
- Name \_\_\_\_\_ Is the child of  Client or  Other Party Age \_\_\_\_\_  
Birth date \_\_\_\_\_ Social Security no. \_\_\_\_\_ Child Lives with: \_\_\_\_\_

Residence of the children during the last five years:

Where \_\_\_\_\_ With whom \_\_\_\_\_ How long \_\_\_\_\_

Is other party pregnant?     No     Yes When is birth expected? \_\_\_\_\_

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

### **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*  
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 \_\_\_\_\_

*Other Party*  
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 \_\_\_\_\_

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

*Other Party*  
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:**