

JMF ATTORNEY AT LAW

(a limited liability company)

4449 Easton Way, 2nd Floor
Columbus, Ohio 43219-7005

E-mail: info@jmfattorneyatlaw.com
www.jmfattorneyatlaw.com

Office 614.934-1824
Cellular: 614.205.2432
Fax 866.813.6469

CONFIDENTIAL JUVENILE GRANDPARENT VISITATION QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible. This form is designed to provide important information that will be used to determine what may be important issues to discuss at our first meeting. A complete and accurate form will result in a more productive first meeting.

1. **Where you referred?** Yes _____ No _____ If yes, by whom? _____

2. **Information about YOU:**

	YOU
Name	
Former married/legal name	
Social Security Number	
Drivers License#	
Date of Birth/Age	
Highest level of education	

3. **Children at Issue**

Child's Name	DOB/Age	City State of Birth	Gender	Initial Parentage Determination County, State

4. **Prior Case Information:**

Case Caption: _____ **Case #:** _____

Next Hearing Date: _____ **(please provide copies of all pleadings)**

Case Caption: _____ **Case #:** _____

Next Hearing Date: _____ (please provide copies of all pleadings)

Case Caption: _____ **Case #:** _____

Next Hearing Date: _____ (please provide copies of all pleadings)

5. Address and phone number information

Home Address
City, State, Zip
County
Length at Residence
Home Phone
Work Phone
Cell Phone
Confidential e-mail
***Mailing Address**
City, State, Zip

YOU

6. Health of Parties or Children: Is there anything special I should know about, is so, please explain:

7. Description and service information of the other parent/parties:

Name and address: _____

Name and address: _____

Name and address: _____

Name and address: _____

Name and address: _____

Name and address: _____

8. Custody & Parenting Time

Who currently has physical custody of the children? _____

What type of parenting arrangement are you seeking?
(i.e. legal custody, visitation only, full custody) _____

Are there any restraining orders or other type of
custody order current in effect or pending (Explain) _____

Do you expect the other parent to contest your custody
position? _____

Do you expect the other parent to contest your proposed
parenting time (visitation) schedule? _____

Have any counselors, psychologists or psychiatrists seen the children? If so, please explain

Are there any special educational needs or problems regarding the children? If so, please explain

9. Violence and Abuse:

Do you or the other parent own any weapons? _____

Do you or the other parent carry any concealed weapons? _____

Has there been any violence or physical abuse in this Relationship by or to you? (Explain) _____

Have there been any threats of violence? _____

10. List the 5 most important things, in order of priority, that you want to achieve by this legal action.

1. _____

2. _____

3. _____

4. _____

5. _____

I UNDERSTAND THAT COMPLETING THIS CLIENT INTAKE FORM DOES NOT CONSTITUTE LEGAL PREPRESENTATION UNTIL I HAVE SIGNED A FEE AGREEMANT AND PAID THE REQUIRED RETAINER.

Date

Signature