



CENTER FOR PARENTING FACILITATION AND COORDINATION

INTAKE FORM

Name _____ Cell Phone _____

Home Address _____

Home Phone:(____) _____

Business Address _____

Business Phone _____

Age____ Preferred Contact Email Address_____

Occupation_____ Education _____

Current Marital Status _____

Other adults living in the home _____

Children/step children:

Name	Age	Grade/school	Natural or Step
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Length of Marriage _____ Length of Separation _____

Who referred you to this program? _____

Legal Agreement (attach copy) Court Order Rule 11 Agreement Other (Explain)

Your Attorney _____ Firm: _____

Address _____ Phone (____) _____

Fax (____) _____

Your Attorney's Legal Assistant _____

Current Conservator Arrangements _____

Temporary or Permanent Visitation Schedule: _____

Since your initial court appearances, have you been back to court? _____

How many times? _____

Date of Next Scheduled Court Appearance (If Any) _____

Have you had a Social Study _____ Psychological Evaluation _____

(Please provide a copy if checked)

Have you noticed new negative behavior from your child/ren since the divorce? If so, explain

List current psychotropic medications for yourself and/or child/ren

Drug/Alcohol Usage (frequency, amount) _____

Have you been convicted of a crime other than a minor traffic violation? (Explain)___

History of domestic violence, allegations of physical, emotional or sexual abuse_____

Has Child Protective Services been involved with your family at any point in the past?

Are you or the co-parent subject to a protective order (Attach a copy)?_____

Concerns regarding your co-parent as it pertains to your child/children_____

Behaviors by you or your co-parent which cause concern or require attention.

What are your goals in participating in the program?

What challenges do you foresee in co-parenting?
