



Slater & Associates, LLC

Parenting Coordination Intake Form

Your Name: _____ Your DOB: _____ Age: _____
 First Middle Last

Former Spouse's Name: _____ DOB: _____ Age: _____
 First Middle Last

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Occupation: _____ Employer: _____

Education Level (circle one): HS Bachelor Master Doctorate

Number of Marriages: _____ Your Gender (circle one): M F

Relationship Status (check one) ___ Single ___ Married ___ Divorced ___ Committed Relationship

Home Phone: _____ OK to leave message? Y N
Cell Phone: _____ OK to leave message? Y N

Legal Information:

Attorney's Names:

 Mother's Attorney: _____ Phone: _____
 Father's Attorney: _____ Phone: _____

County of Divorce: _____

Date of Divorce: _____

Judge: _____

Current Custody (circle one): Joint Sole Split

Current Timesharing Arrangement:

Mother: _____ **Father:** _____

Please list below all children from this or previous marriages/relationships. (include biological, adopted & step children living in your household or not)

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship</u>	<u>School</u>	<u>Grade</u>	<u>Type of Custody?</u>	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole

Who currently lives in your home?

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who referred you?

_____	Doctor / Psychiatrist	_____	Mental Health Professional
_____	School	_____	Court
_____	Friend	_____	Employer
_____	Internet	_____	Attorney
Name: _____			

