

Parenting Coordination Intake Form

Your Name:	Your DOB:	Age:
First Middle Las		
Former Spouse's Name: First Middle Address:	Last	
E-Mail Address:		
Occupation:	Employer:	
Education Level (circle one): HS Bachelor	Master Doctorate	
Number of Marriages:	Your Gender (circle	e one): M F
Relationship Status (check one)Single Ma	arried DivorcedCo	mmitted Relationship
Home Phone:	OK to leave message? OK to leave message?	
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:	

Name Age Gender Relationship School Grade Type of Custody?	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>	Gender	Relationship	School	Grade	Type of Custody?
							_ □ Joint □ Sole
							_ □ Joint □ Sole
							_ □ Joint □ Sole
							_ □ Joint □ Sole
							_ □ Joint □ Sole
							_ □ Joint □ Sole
Who currently lives in your home?	Who currently lives in you	<u>r home?</u>	<u>?</u>				
Name <u>Age Gender Relationship</u>	<u>Name</u>		Age	<u>Gender</u>	Relationship		
				-			
							
				 -			
							
Who referred you?	Who referred you?						
Doctor / Psychiatrist Mental Health Professional		chiatrist				alth Profes	ssional
School Court							
Friend Employer							
Internet Attorney Name:	Internet						

Medical History (Self):						
Current Health Problem	Treating Physician	Medication				
Have you ever been diagnosed or treated for	or a mental illness or personality disor	der?				
Names of any current or past mental health	n providers:					
Briefly describe the co-parenting issues	vou would like to resolve in Parentii	g Coordination:				
priority describe the co-parenting issues	y our would have to resorve in r are single					
		-				
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