



INTAKE QUESTIONNAIRE

Section 1 - Contact Information

REFERRAL SOURCE:

NAME:

ADDRESS:

PHONE NUMBERS:

Home:

Cell:

Work:

EMAIL ADDRESS:

OCCUPATION:

Full Time Hrs.

Part-time Hrs.

NAME OF OTHER PARENT:

ADDRESS:

PHONE NUMBERS:

Home:

Cell:

Work:

EMAIL ADDRESS:

OCCUPATION:

Full Time Hrs.

Part-time Hrs.

CHILDREN (Name, Gender, Date of Birth):

NAMES OF PERSONS RESIDING IN YOUR HOME (indicate relationship to you):

Section 2 - Parenting Arrangements

CURRENT PARENTING SCHEDULE:

CURRENT CHILD SUPPORT ARRANGEMENT:

HAVE YOU COMPLETED THE DIVISION OF ASSETS WITH YOUR FORMER PARTNER?

HOW WELL ARE YOU AND YOUR FORMER PARTNER COMMUNICATING ABOUT THE CHILDREN?

DURING THE RELATIONSHIP WITH THE OTHER PARENT, IMPORTANT DECISIONS WERE MADE ABOUT:

Household Finances	By Other Parent	By Me	Jointly
Purchases of Family Property	By Other Parent	By Me	Jointly
Children's Education	By Other Parent	By Me	Jointly
Children's Health Care	By Other Parent	By Me	Jointly
Children's Religious Training	By Other Parent	By Me	Jointly
Children's Extra Curricular Activities	By Other Parent	By Me	Jointly

WHAT ARE THE MAJOR DIFFERENCES IN PARENTING STYLES BETWEEN THE TWO HOMES?

SEPARATION IS CHALLENGING FOR CHILDREN TO ADJUST TO, WHAT ARE YOUR BIGGEST CONCERNS FOR YOUR CHILDREN RIGHT NOW?

WHAT WOULD YOUR CHILDREN SAY IS AFFECTING THEM MOST ABOUT THE SEPARATION/DIVORCE?

WHICH ISSUES DO YOU WANT TO ADDRESS IN MEDIATION/PARENTING COORDINATION?

Section 3 - Relationship Information

DATE OF MARRIAGE/RELATIONSHIP TO OTHER PARENT:

DATE OF SEPARATION:

FACTORS THAT CONTRIBUTED TO THE END OF THE RELATIONSHIP:

HAVE THERE BEEN ANY INCIDENTS OF PHYSICAL, VERBAL AND/OR EMOTIONAL ABUSE?

IN THE PAST SIX MONTHS?

OR AT ANY TIME IN THE RELATIONSHIP?

GIVE SPECIFICS OF THE ABOVE:

HAVE THE CHILDREN WITNESSED ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE? GIVE SPECIFICS:

HAVE THERE BEEN ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE AGAINST THE CHILD(REN)? IF YES, GIVE SPECIFICS:

ARE YOU FEARFUL OF THE OTHER PARENT FOR ANY REASON?

HAVE YOU OR THE OTHER PARENT ABUSED ALCOHOL OR DRUGS?

HAVE YOU EVER CALLED THE POLICE, REQUESTED A PROTECTION ORDER, OR SOUGHT HELP FOR YOURSELF AS A RESULT OF ABUSE BY THE OTHER PARENT?

HAS THE OTHER PARENT EVER THREATENED TO DENY YOU ACCESS TO YOUR CHILDREN?

DO YOU HAVE ANY CONCERNS ABOUT THE CHILDREN'S EMOTIONAL OR PHYSICAL SAFETY WITH YOU OR THE OTHER PARENT? PLEASE GIVE SPECIFICS.

HAVE YOU EVER BEEN ARRESTED FOR AN ALCOHOL RELATED CRIME?

HAVE YOU EVER UNDERGONE TREATMENT FOR SUBSTANCE ABUSE?

IF YES, PLEASE INDICATE WHEN:

ARE YOU NOW, OR HAVE YOU EVER BEEN, ON PROBATION OR PAROLE?

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A RESTRAINING ORDER FILED AGAINST YOU?

PLEASE INDICATE WHEN:

DETAILS:

IS THERE A RESTRAINING ORDER IN EFFECT RIGHT NOW THAT YOU ARE INVOLVED IN?

HAVE YOU OR THE OTHER PARENT PARTICIPATED IN DOMESTIC VIOLENCE CLASSES, BATTERER'S INTERVENTION OR ANGER MANAGEMENT?

IF YES, WHEN AND WHERE?

HAVE THERE EVER BEEN CHARGES FILED AGAINST YOU FOR PHYSICAL ASSAULT, BATTERY, DOMESTIC VIOLENCE OR STALKING?

DISCUSS ANY ADDITIONAL CONCERNS: