

**Parent Intake Form - CONFIDENTIAL**

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Background Information**

Date that you and other parent met: \_\_\_\_\_

Date that you and other parent became a couple: \_\_\_\_\_

Date of marriage or start of commitment: \_\_\_\_\_

Child's Name	Date of birth	School/ Daycare	Grade Level

Date divorce or custody case finalized? \_\_\_\_\_

What is the date of your most recent order that describes your parenting time / custody arrangement? \_\_\_\_\_

Are you following it or have you started a new arrangement? \_\_\_\_\_

Describe the current parenting time / custody arrangement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What should the parenting coordinator know about the custody case?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your concerns about your child(ren)?

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How long have you had these concerns? \_\_\_\_\_

Has the Office of Children's Services (OCS) ever been involved with your family? (*circle one*) YES or NO. If "YES" is the case currently CLOSED or OPEN (*circle one*). Please describe:

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**Household Information**

**Who is currently living in your household (including yourself)?**

Name	Age	Family Relationship	Employer/School

**Is anyone in either household currently in treatment for a medical/mental health condition? *If yes, please specify.***

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**Is anyone in either household currently taking medication for a medical/mental health condition? *If yes, please specify.***

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**Is anyone in either household abusing alcohol or drugs? *If yes, please specify.***

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**Is anyone in either household currently committing or have a history of physical or emotional abuse? *If yes, please specify.***

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**Is anyone in either household at risk of suicide or harming his or her self? *If yes, please specify.***

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**What attempts have been made to resolve or improve any concerns listed above?**

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**Is there anything else you want the parenting coordinator to know? *If yes, please specify.***

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**People who are or have been involved with the family**

**Who are your child(ren)'s doctors and therapists?**

Child's Name	Doctors / Therapists	Phone #

**Name and contact info for other professionals (who are or have been involved with the family).** Examples include: *Custody Investigator, Guardian Ad Litem, and/or OCS worker:*

Name	Title	Address	Phone #	Email