

CO-PARENTING COORIDINATION/COACHING INTAKE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: Circle One: High School Bachelors Masters Above

Current Marital Status: \_\_\_\_\_ Others living in the Home: \_\_\_\_\_

If so, who? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Child's	Name	DOB	Age	Grade/School

Cooperative Parenting/Parenting Coordination: Mandated by Court/  
Attorney Agreement/ Settlement Agreement/ Other: \_\_\_\_\_

Years of Former Marriage: \_\_\_\_\_ Length of Separation: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_

Your Attorney's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Spouse's Attorney's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

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

Name of Presiding Judge: \_\_\_\_\_  
County: \_\_\_\_\_ Court: \_\_\_\_\_ Cause No. \_\_\_\_\_

Guardian Ad Litum: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Custody Arrangements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visitation Schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you or the other parent required to have supervised visits? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you joint managing conservator? \_\_\_\_\_ Do you have primary domicile? \_\_\_\_\_ Is there a geographic restriction? \_\_\_\_\_  
Have you been in a custody dispute with the other parent? If so, when and what were the results (include name of evaluator and copy of the report)? \_\_\_\_\_

Have you had previous counseling treatment? If so, when and with whom? \_\_\_\_\_  
\_\_\_\_\_

Are you or any of your children currently in psychotherapy? If so, with whom? \_\_\_\_\_

Please list any medications for yourself and your child(ren). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug/Alcohol Usage: \_\_\_\_\_  
Have you ever been convicted of a crime other than a minor traffic violation? If so, when and what were the charges? \_\_\_\_\_

History of Domestic Violence? \_\_\_\_\_

Allegations of Physical, Emotional, or Physical Abuse? If so, what and to whom was the allegation made? \_\_\_\_\_

Has the Texas Department of Protective and Regulatory Services been involved with your family at any point in the past? If so, when and who was the case worker and what were the findings? \_\_\_\_\_

Are you or the other parent subject to a Protective Order? If so, what are the circumstances and when does it expire? \_\_\_\_\_

Summarize your concerns regarding the other parent as it pertains to your child(ren). \_\_\_\_\_

Is there any physical or emotional danger to you in participating in this program? Of so, please explain.

Who referred you to this program? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date