

Andrea Perlin, LMHC
Parenting Coordination Intake Sheet

Client Information

Name _____ Home Telephone _____
Address _____ Work Telephone _____
_____ Cell Telephone _____

Email _____

Best time and Place to call you _____

Attorney Information

Name _____ Telephone _____
Address _____ Fax _____
_____ Email _____

Judge _____

Case Number _____

Child Name _____ Birth Date _____ School _____
Child Name _____ Birth Date _____ School _____
Child Name _____ Birth Date _____ School _____
Child Name _____ Birth Date _____ School _____

Has a Guardian Ad Litem been appointed Yes _____ No _____

If yes, Name _____ Telephone number _____

Are you currently remarried, if so for how long _____

Please describe briefly any issues you believe needs to be addressed:

What would you say about your relationship with the other parent ?

Excellent _____ Good _____ Fair _____ Poor _____ It could not be worse _____

What effect do you think this relationship has on the children?

A great deal _____ Some _____ A little _____ None at all _____

Are you fearful of the other party for any reason

How often do you have contact with the children when they are not with you?

Describe the contact (visits, phone)

How often do you have contact with the other parent

Is there any other information that you believe would be helpful for me to know

Signature

Date