

## Parenting Consultant Intake Form

### Section 1: Contact Information

#### Parent/Party A – *please describe yourself*

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/ZIP: \_\_\_\_\_
- Phone (cell/home): \_\_\_\_\_
- Email: \_\_\_\_\_
- Attorney (if any): \_\_\_\_\_
- Attorney Contact: \_\_\_\_\_

#### Parent/Party B – *your co-parent*

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/ZIP: \_\_\_\_\_
- Phone (cell/home): \_\_\_\_\_
- Email: \_\_\_\_\_
- Attorney (if any): \_\_\_\_\_
- Attorney Contact: \_\_\_\_\_

## Section 2: Family Structure

### Children Involved

Full Name	Date of Birth	Current Residence (A, B, or Other)	School/Grade

**Other Adults or Children in Either Household (e.g., step-parents, half-siblings, grandparents):**

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## Section 3: Legal Background

**Are there any active court orders or judgments related to:**

- ☐ Custody / Parenting Time
- ☐ Child Support
- ☐ Domestic Violence / OFPs
- ☐ Child Protection / CHIPS
- ☐ Other: \_\_\_\_\_

**Please attach copies of any current orders, decrees, or parenting plans.**

**Court File Number(s):** \_\_\_\_\_

**County / Jurisdiction:** \_\_\_\_\_

**Name of Appointing Judge (if applicable):** \_\_\_\_\_

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#### **Section 4: Summary of Issues Leading to Parenting Consultant Appointment**

Please briefly describe the general nature of the challenges or conflicts that led to seeking a Parenting Consultant (e.g., parenting time disputes, communication problems, transitions, schedule changes, etc.):

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#### **Section 5: Parenting Time and Communication**

**Current Parenting Time Schedule (describe or attach):**

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**Do both parties generally follow the current schedule?**

☐ Yes ☐ No ☐ Sometimes

If "No" or "Sometimes," please describe concerns or patterns:

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**Describe how you and the other parent typically communicate (e.g., email, phone, parenting app, in person):**

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#### **Section 6: Safety or Special Considerations**

- Are there any **safety concerns** for you or the children? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
- Are any of the children receiving special education or mental health services? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

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## **Section 7: Goals and Expectations**

**What do you hope to accomplish by working with a Parenting Consultant?**

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**Are there any upcoming deadlines, court dates, or urgent concerns?**

☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

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## **Section 8: Signatures**

By signing below, I affirm that the information provided is accurate to the best of my knowledge. I understand that this form is for intake purposes and does not itself constitute an agreement for Parenting Consultant services.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_