

## 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):**

---

---

---

**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):** \_\_\_\_\_

---

**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.):

---

---

---

---

**Section 5: Parenting Time and Communication**

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

---

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

Yes  No  Sometimes

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

---

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

---

---

**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: \_\_\_\_\_

---

## Section 7: Goals and Expectations

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

---

---

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

Yes  No

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

---

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