



## INTAKE FORM

DATE: \_\_\_\_\_ CAUSE NO: \_\_\_\_\_

Child(ren)'s Names and DOB:

\_\_\_\_\_

\_\_\_\_\_

SERVICE REQUESTED (Please Check):

Collaborative Law

Coparenting Consultation

Coparenting Coaching

Mediation

Parenting Coordination

Parenting Facilitation

**INTAKE INFORMATION** (Please complete fully. List other family members or parties on a separate intake form or cross out where applicable):

**Your Information:** Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell.) \_\_\_\_\_

(Fax): \_\_\_\_\_ (Alt.) \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Your Attorney's Information:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Your Co-parents Information:** Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell.) \_\_\_\_\_

(Fax): \_\_\_\_\_ (Alt.) \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Your Co-parent's Attorney's Information:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Ad Litem or Amicus Attorney for child: (If applicable)**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Please complete a separate intake if other parties are involved**