



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