

Karen Giordano-Brenghause, MS, LMFT

Licensed Marriage and Family Therapist No. 35077

Private Child Custody Evaluator · Private Child Custody Recommending Counselor · Therapist

Private Child Custody Recommending Counseling (CCRC) and 3111 Evaluation (Non-Confidential)

Intake

This form is provided to you in Word, not PDF. If the space provided is not sufficient for you to answer a question fully, you may add additional pages or do this on your computer in Word. Just keep typing and the space should expand. If you do this on paper, please restate the question above your answer or use the same identifying number as the question.

Your Name:	DOB:	Gender:
Address:		
Occupation:		
Employer:		
Cell Phone:	Work Phone:	
Email Address:		
Your Attorney's Name (and Firm Name if applicable)		
Your Attorney's Phone:		
Your Attorney's Address:		
Your Attorney's Email:		
Other Parent's Name:	DOB:	Gender:
Date of Marriage/Cohabitation Date:	Date of Separation:	
Date of Divorce:	Are you the Petitioner or Responder:	
Court Date:	Case Number:	

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Child Name	DOB	Gender at Birth
1.		
2.		
3.		
4.		

Others living in your home	Age	Relationship
1.		
2.		
3.		

1. Have you previously attended mediation? Yes ___ No ___ If yes, please list dates attended and name of the mediator or agency. **Please provide copies of reports.**

2. Is there an existing Court Order for child custody? If so, please describe it.

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3. Summarize your most important CONCERNS to consider in this PCCRC/ 3111 Evaluation.

4. What are your most important GOALS for this Private CCRC/ 3111 Evaluation?

5. What is the parenting schedule that is currently practiced?

6. How far do you live from the other parent? (Include miles and driving time please).

Approximate number of miles from the other parent's residence _____

Approximate driving time to get from your residence to the other parent's residence _____

7. SOLE **LEGAL** CUSTODY means that one parent has the right and responsibility to make the major decisions relating to health, education and welfare of the child, start and end dates for counseling. JOINT LEGAL CUSTODY means both parents share the right and responsibility to make these major decisions. Do you favor ____ SOLE LEGAL CUSTODY, or ____ JOINT LEGAL CUSTODY? Why?

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8. **SOLE PHYSICAL CUSTODY** means that a child lives with and is under the supervision of one parent, subject to the power of the Court to order visitation. **JOINT PHYSICAL CUSTODY** means each of the parents has significant periods of physical custody and that they share custody in a way that assures the child of frequent and continuous contact with both parents.

Do you favor ____ **SOLE PHYSICAL CUSTODY**, or ____ **JOINT PHYSICAL CUSTODY**? Why?

9. Describe each of your children; include information about their personalities, interests, activities, school academic performance and peer relationships. Include any special problems of concern to you now. (You may use additional pages when answering this and the following questions.

10. Describe your relationship with each of your child(ren). Include caretaking and discipline.

11. Describe the other parent's relationship with your child(ren). Include caretaking and discipline.

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12. Describe how you and the other parent typically divided and accomplished the parenting tasks and responsibilities. Who takes child(ren) to the doctor, dentist, activities, etc.

13. What are your strengths and assets in the way you parent the children?

14. Are there any improvements would you like to make in the way you parent your children?

15. What are the strengths and assets in the way the other parent parents the children?

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16. Are there any improvements would you like the other parent to make in the way they parent?

17. Create a timeline of events. Please provide a brief overview of major events in your relationship with the other parent. Starting with the earliest first, list in chronological order the approximate dates (month/year); such as when you met, lived together, married, bought a home, changed jobs, had children, had serious marital, health, or financial problems, moved, had affairs, discussed divorce, had counseling, separated, reconciled, filed for dissolution, got divorced, had parenting, custody or visitation problems, filed for modifications, etc. Remember please, this is an overview. If there is significant detail to be shared, please put an asterisk next to it and we can discuss it in the mediation session.

Month/Year Event/Occurrence

18. Have you or the other parent, ever been arrested, and/or locked up? If so, please furnish dates and details.

19. Have you, or the other parent, ever had a problem with substance use/abuse? Please describe the problem and course of action to resolve the problem.

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20. Have you or the other parent been involved in domestic violence (physical, sexual, emotional)? Have the police ever been involved? (Please provide police reports).

21. Briefly describe the current co-parent disputes.

22. Have you, or the other parent, ever had a psychological problem requiring the assistance of a psychiatrist, hospitalization or medication management? Please describe.

23. Please list the names and contact information of any mental health professionals anyone (parent, child or live in partner) has seen for counseling, etc.

Name	Phone	Name of Family Member
1.		
2.		
3.		
4.		

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24. Do your children have any special needs; such as physical problems requiring medical care or learning problems? Please describe and include contact information (name, address, phone) for treating physicians, therapists or other professionals who are assisting in the treatment of your child.

Name	Specialty	Phone	Family Member Seen
1.			
2.			
3.			
4.			

25. For each of your children, please list the school they attend, school address, telephone number, grade level and their teacher's name.

Child's Name/ Current Grade Level	School Name/ District Name	Address/ Phone Number	Teacher's Name
1.			
2.			
3.			
4.			

26. Please **provide a copy of your children's school calendar**, showing holidays and vacations for the current school year.