



## Between Two Homes®, LLC

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### 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

Guardian Ad Litem

**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**