



LAW OFFICE OF
KAYLA E.
HARRINGTON PLLC

DIVORCE | CUSTODY | MEDIATION | PARENT FACILITATION

INITIAL PARENT FACILITATION INTAKE FORM

Today's Date: _____

Cause No: _____

Client Information

Name: _____

Birth date: _____ DL#: _____ State

Address: _____

City/State: _____ Zip: _____

Home/Mobile Phone where we may leave a message:

May we contact you by email? No: _____ Yes: _____

Email Address(s): _____

Employer: _____

Other Parent's name: _____

How long were you and the other parent together?

If married, when was your divorce final?

Attorney Information

Name: _____

Address: _____

City/State: _____

Zip: _____ Office Telephone: _____

Office Fax: _____ Email: _____

Legal Assistant Name: _____

Email Address: _____

Amicus Attorney Information

Name: _____

Address: _____

City/State: _____

Zip: _____ Office Telephone: _____

Office Fax: _____ Email: _____

Legal Assistant Name: _____

Email Address: _____

Ad Litem Attorney Information

Name: _____

Address: _____

City/State: _____

Zip: _____ Office Telephone: _____

Office Fax: _____ Email: _____

Legal Assistant Name: _____

Email Address: _____

Have You Ever Used Any of the Following Other Court Related Interventions?

Parent Facilitator: When: _____ Who provided the service? _____

Parent Coordinator: When: _____ Who provided the service? _____

Custody Evaluator: When: _____ Who provided the service? _____

Social Study: When: _____ Who provided the service? _____

Court Ordered Therapy: When: _____ Who provided the service? _____

Educational Consultant: When: _____ Who provided the service? _____

Supervised Visitation: When: _____ Who provided the service? _____

Reunification Therapy: When: _____ Who provided the service? _____

Informed Consent for Parent Facilitation

I voluntarily agree to participate in Parent Facilitation with Kayla E. Harrington, J.D. I understand and acknowledge that Parent Facilitation is neither legal advice nor therapy. By signing this Informed consent for Parent Facilitation, I acknowledge that I have both read and understood all the terms and information contained herein. I will have the opportunity to ask questions and seek clarification of anything that is unclear to me.

Client Signature _____

Date: _____

Professional Relationship

It is imperative that your relationship with your parent Facilitator remain solely a professional one. Personal and business relationships would undermine the effectiveness of the professional one. The successful completion of your case is important to our office, but I am unable to have a personal or business relationship with you. Therefore, gifts (including food or beverages), bartering, and trading services are not appropriate.

CONFIDENTIALITY:

In Parent Facilitation, there is no expectation of confidentiality. While a Parent Facilitator will not discuss your case with anyone not connected with your case, there are specific and limited circumstances when the Parent Facilitator shall discuss your case with people not associated with your case:

- 1) The client authorizes release of information, by signature, as specified in the Release of Information Form;
 - a) Where there is a clear threat to do serious bodily harm to yourself or others;
 - b) Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a person with developmental disabilities;
 - c) In response to a subpoena that is associated with a regulatory complaint or in response to a subpoena from a court of competent jurisdiction.

Parent Signature

I have read and understand the Notice of Privacy Practices provided to me by Kayla E. Harrington, J.D.

Payment for Services:

Forms of Payment: Cash, check, Visa, Mastercard, Discover, and American Express are accepted as payment. For your convenience, we have an online payment portal at <https://harrington.law/client-portal>

Unpaid account: If your account is unpaid and there is no written agreement for a payment plan, I may have to use legal means to collect the debt. The office will make every effort to work with you.

Cancellations/No Shows

If you must cancel an appointment for any reason, please give at least 24-hour notice. Otherwise, you will be billed the regular session fee. You may cancel an appointment 24 hours before your scheduled appointment via telephone at 817-677-9980 or email at admin@harrington.law

If you are running late to a session, please contact the office immediately. In the event a client arrives 20 minutes late or more for a session, the session will be rescheduled.

If you are the other parent no-shows an appointment, the parent who no-shows will be held responsible for 100% of the appointment fee.

Parent Signature

Date: _____

In the Event of Parent Facilitator's Death

I acknowledge that, in the event the undersigned Parent Facilitator becomes incapacitated or dies, it will become necessary for another Parent Facilitator to take possession of my file and records.

By signing this information and consent form, I give my consent to allow another licensed mental health professional selected by the undersigned Parent Facilitator to take possession of my file and records and provide me with copies upon request or deliver them to a Parent Facilitator of my choice. I will select a successor Parent Facilitator within a reasonable time and will notify the appointed licensed mental health professional.

Children Information

Name /Birth Date/Age /Grade/School/ Current Living Arrangements

Does your child(ren) see a therapist?

No: _____ Yes: _____ If so, who is the therapist?

Others Living in the Home

Name/Birth Date/Age/Relationship to you

Involvement of extended family members or significant others

Who cares for your children when you are not at home?

Name: _____ Phone: _____

Name: _____ Phone: _____

Concerns about domestic violence?

No: _____ Yes: _____ If yes: Describe:

Were these concerns ever reported?

No: _____ Yes: _____ If so to whom and details of the report:

Concerns about neglect or sexual or physical abuse or the safety of your children?

No: _____ Yes: _____ If yes, please describe:

Were these concerns ever reported?

No: _____ Yes: _____ If so to whom and details of the report:

Is there a pending hearing?

No: _____ Yes: _____ If so, when?

Past CPS cases?

No: _____ Yes: _____ If so, please describe:

Current open CPS case?

No: _____ Yes: _____ If so, please describe:

Concerns about substance abuse or alcohol problems?

No: _____ Yes: _____ If yes, please describe:

Were these concerns ever reported?

No: _____ Yes: _____ If so, to whom and details of the report:

Please describe your child(ren)-include information on special needs:

Has your child ever been hospitalized in an in-patient hospital?

No: _____ Yes: _____ If so, please describe with dates:

Please describe your relationship with your child(ren):

Please describe the other parent's relationship with your child(ren):

Please describe your style of parenting:

What do you have in common with the other parent?

What discipline plans are in place for your child(ren)?:

What discipline plans are in place with the other parent?

Please describe your strengths as a parent:

Please describe your weaknesses as a parent:

Please describe the other parent's strengths as a parent:

What would it be like to be a child in your family?

**Do you have any concerns regarding the mental health of the other parent?
If so, please describe:**

What will the other parent say about you?

How do you and the other parent communicate? Check all that apply:

Face-to-face

Email

Text

Our Family Wizard or other parent portal or app

Please describe the communication between you and the other parent:

Please describe your involvement in your child’s activities, both past and present (include extracurricular activities, school events, medical and dental appointments, etc.):

How are decisions made regarding extra curricular activities? Who pays for these activities and do you have problems agreeing on them?

How do you and the other parent make decisions regarding your child's education?

Please describe your current parenting time with your children, including days and times of exchange and who provides transportation:

Please describe your current work hours:

Any prior arrests for anyone in the family?

No: _____ Yes: _____ If yes, please describe:

Describe the conflict between you and the other parent:

Problematic co-parent behaviors that need addressing:

Goals for Parent Facilitation:

Any Other information that you would like to share with your Parent Facilitator

I certify that the above information is current and accurate to the best of my knowledge:

Parent Signature: _____

Date: _____