

PARENTING COORDINATION INTAKE FORM

Name _____ Relationship to Child/ren _____
Birthdate _____ Age _____
Home Address _____
(street) (city/state) (zip code)

Home Telephone _____ Business Telephone _____
Employer _____ Occupation _____

Level of Education: _____ High School _____ Bachelors _____ Masters _____ Above _____

Marital Status: _____ Length of Marriage _____ Number of Marriages _____
Date of Divorce: _____ Length of Separation _____ Number of Divorces _____

Custody Arrangements: Sole _____ Joint: Legal _____ Physical _____

Child/ren's Living Arrangements:
with Father: _____
with Mother: _____
Children's Summer Schedule: _____
Other adults living in the home: _____

Children/Stepchildren:

Name	Age	Grade/School	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attorney _____ Business Phone _____ Fax _____
Business Address _____
(street) (suite) (city/state) (zip code)

Guardian ad Litem _____ Business Phone _____ Fax _____
Business Address _____
(street) (suite) (city/state) (zip code)

Presiding Judge _____ County _____
Referred to Parenting Coordination by _____

Special needs of child(ren)/concerns unique to your family _____

Current Medication: Self _____ Child/ren _____

Length of time of previous/current treatment/counseling: Self _____
Child/ren _____

Name and Number of Psychotherapist: Self _____ Child/ren _____

Drug & Alcohol Usage (frequency/amount) _____

Have you or the other parent ever participate in an alcohol treatment program? _____ yes _____ no
Who? _____ When? _____ Where? _____
Length of Time _____

Have you or the other parent ever been charged with a DUI? _____ yes _____ no Who? _____
When? _____
What was the penalty? _____

Are you or have you been involved in custody litigation? _____ yes _____ no
If yes, when? _____
What were the results? (please provide a copy of the court order) _____

Did you take part in a custody evaluation or psychological evaluation? _____ yes _____ no
If yes, list the name of the evaluator (please provide a copy) _____

Have you or the other parent been subject to a protective order? _____ yes _____ no Who? _____
If yes, when was it initiated? _____ When will/was it terminate? _____
(please provide a copy)

Have you or the other parent ever been required to participate in an anger management program?
_____ yes _____ no Who? _____ If yes, when did it begin? _____ End? _____
Who provided the program? _____ How many sessions? _____

Have you or the other parent ever been required to participate in supervised visitation? _____ yes _____ no
Who? _____ If yes, how long is/was each visit? _____ Times per week? _____
How long? _____ Name of Supervisor _____

Have you or the other parent ever been reported to child protective services? _____ yes _____ no
If yes, who? _____ When? _____
What was reported? _____

Do you or the other parent have a history of any physical or sexual abuse of an adult/child? _____ yes _____ no
Who? _____ If yes, explain _____

Has a police report been made or formal charges brought against you or the other parent? _____ yes _____ no
If yes, what was the charge and result? _____

Do you believe that there is any physical or emotional danger for you to participate with the other parent in the
parenting coordination program? _____ yes _____ no If yes, please explain _____

A: SELF ASSESSMENT

1. **PRESENT STATUS:** Check any of the following that apply to you. Star those you strongly agree with.

- I will never forgive my former partner.
- I feel bitter or cheated in some way (marriage, money, custody).
- I fear that my former partner will be revengeful.
- I fear that I will never be in another relationship or marriage.
- I am very unhappy with the custody arrangement.
- I am very unhappy with the child support decision.
- I have forgiven my former partner.
- I can separate my relationship with my former partner from our role as parents.
- I value my former partner as a parent.

2. **FEELINGS:** Circle any feelings you have regarding your child's other parent.

- | | | | |
|---------------------|-----------------|--------------|------------|
| Love (non-romantic) | Love (romantic) | Affection | Caring |
| Friendly | Acceptance | Respect | Positive |
| Hopeful | Compassion | Tension | Loss/Grief |
| Hate | Embarrassment | Fearful | Helpless |
| Anger | Resentment | Bitterness | Guilt |
| Sadness | Frustration | Hopelessness | |

3. **COMMUNICATION:** Check all the ways you communicate with your child/ren's other parent. Indicate with a star the methods most frequently used.

I communicate with the other parent ...

- by US mail
- by e-mail
- by text message
- through my attorney
- directly by phone when our child/ren is home and awake
- directly by phone when our child/ren is not present
- by leaving messages on the other parent's home answering machine
- by leaving messages on the other parent's office voice mail
- by sending verbal or written messages through our child/ren

Check the frequency of your communication with the other parent

- Never Rarely As Issues Arise Once per month Once per week Daily

4. **BELIEFS:** Check those that apply. *I believe my child/ren's other parent ...*

- | | | |
|---|--|---|
| <input type="checkbox"/> is highly manipulative | <input type="checkbox"/> will always try to control me | <input type="checkbox"/> will make co-parenting impossible |
| <input type="checkbox"/> is emotionally unstable | <input type="checkbox"/> is an incompetent parent | <input type="checkbox"/> will block access to our child/ren |
| <input type="checkbox"/> will drop out of our child/ren's life | | <input type="checkbox"/> undermines my parenting decision |
| <input type="checkbox"/> doesn't really care about our children | | |
| <input type="checkbox"/> other | | |

5. **MY BEHAVIORS:** Indicate with "R" behaviors you have participated in recently (last few months) and a "P" for behaviors you have participated in the past.

- I have not shared parenting information in a timely manner with our child/ren's other parent.
- I have shared adult or inappropriate information with our child/ren.
- I have made negative comments to our child/ren regarding the other parent.
- I have made negative comments to our child/ren regarding the other parent's family.
- I have attempted to have our child love me more than the other parent.
- I have blamed the other parent for the divorce, in front of our child.
- I have focused on the past instead of the future.
- I have attempted to interrupt or block our child's access with their other parent.
- I have undermined the other parent's parenting decisions.

6. Indicate who **filed** for the divorce: Self Other Parent
Indicate who **wanted** the divorce: Self Other Parent Both

7. **TIME LINE:** Indicate in a brief time-line of events that occurred during your relationship with the other parent. Include length of dating, date of marriage (if applicable), dates of child/ren's birth, date of separation, date of divorce (if applicable) and any other important details.

8. In one or two sentences, state the main reasons for the end of your relationship.

B. CO-PARENT ASSESSMENT

Co-Parent's Name _____

Directions: Mark the behaviors you believe your co-parent has participated in. Use a "P" to indicate past behaviors and an "R" to indicate current behaviors.

My co-parent ...

- has repeated negative comments about me to our child/ren.
- has used terms like "adulterous", "abandoner", to describe me to our child/ren.
- has distorted the "truth" when speaking to our child/ren.
- has shared divorce and other adult information with our child/ren.
- has insisted that our child can not bring me into the house.
- has destroyed items in the home that remind them of me. They have removed or destroyed pictures of me and my relatives.

- _____ has used "us" language when discussing the divorce with our child/ren, implying that my behaviors with the co-parent have been "done" to our child/ren also. For example, "Your father has left us." Or, "Your mother will try to hurt us in court." "He will not give us any money."
- _____ has exaggerated my problems. For example, an occasional drinker is an alcoholic.
- _____ has implied that I may be dangerous in some way, creating anxiety for our child/ren.
- _____ has interrupted my time with our child/ren by calling frequently or planning our time.
- _____ has made negative comments, used negative body language and sighs at transfers to imply that they are unhappy about our child/ren leaving them or to make me look bad. For example, "I'll get into trouble if you don't go. Try to have a good time. I'll be here waiting for you."
- _____ has attempted to make our child feel guilty about time spent with me or loving me.
- _____ has attempted to create a belief that they are the good parent and I am the bad parent.
- _____ has used the answering machine to screen calls. My calls are rarely returned and our child is unaware of my attempts to reach them.
- _____ has used other people to care for our child/ren rather than give me extra time.
- _____ has interrogated our child/ren to find out information about me.
- _____ has blocked midweek visits by stating that "our child/ren needs continuity."
- _____ has been rigid with regard to our child/ren's schedule. If I am unable to see our child/ren the other parent will not allow me to make up my time.
- _____ has refused to open the door if I arrive early and has left if I am running late.
- _____ has threatened to withhold visitation.
- _____ has threatened to take me back to court.
- _____ has threatened to move away as a means of blocking my access to our child/ren.
- _____ has refused to let me pick up our child if our child is ill.
- _____ has used sarcasm when speaking to me in front of our child/ren.
- _____ has refused to send copies of school reports, photos and records without being asked.
- _____ has forgotten to inform me of school conferences, well check-ups, etc.
- _____ has created a loyalty bind for our child by refusing to attend activities that I am planning to attend.
- _____ has labeled my attempts to speak with them as "harassment."
- _____ has taken our child/ren to therapy and refused to include me or allow me to get information.
- _____ has asked our child/ren to keep secrets from me.
- _____ has asked our child to spy on me for them.
- _____ has expressed neutrality regarding visitation by telling our child/ren things like, "If you choose to go I will respect your decision." They repeatedly insist that our child/ren should be the one to decide if they will go for visitation.
- _____ has used guilt to manipulate our child/ren. For instance, "How can you leave your poor old parent?"
- _____ has made negative comments about me in front of our child/ren and then said, "I'm just kidding."
- _____ has openly blamed me for our failed marriage.
- _____ has openly stated to our child/ren that they were never happy in the marriage.
- _____ has implied that our child/ren has "separation anxiety" when it is time for visitation. Yet our child/ren does not have any anxiety about spending the night at a friend's home.
- _____ has refused to consider that our child/ren has two homes. They refer to their home as our child/ren's only "real" home.
- _____ has used religion as an alienating maneuver by telling our child/ren that I am a sinner or that I will need to be prayed for so I will not burn in hell.

Other

Mother's behavior only:

- _____ has encouraged our child/ren to use a hyphenated last name that includes her maiden name or encouraged our child/ren to use her new married name.

C. CONFLICT ASSESSMENT

1. **CONTENT:** Indicate the issues, situations or events that cause conflict between you and your co-parent. Use the following code to indicate which parent has a problem with each issue. Circle those issues that create the most conflict. For example, if your co-parent believes you have a drinking problem then place a "C" next to the drug/alcohol issue.

S = Self

B = Both parents

C = Co-Parent

- | | | |
|---|---|---|
| <input type="checkbox"/> who pays for what | <input type="checkbox"/> pick-up/drop off times | <input type="checkbox"/> different standards |
| <input type="checkbox"/> discipline | <input type="checkbox"/> curfew | <input type="checkbox"/> new partner |
| <input type="checkbox"/> attendance at performances | <input type="checkbox"/> last minute changes | <input type="checkbox"/> cursing |
| <input type="checkbox"/> buying necessities | <input type="checkbox"/> medical/school records | <input type="checkbox"/> health issues |
| <input type="checkbox"/> old marital issues | <input type="checkbox"/> parent's dating habits | <input type="checkbox"/> religion |
| <input type="checkbox"/> negative comments from child | <input type="checkbox"/> wanting more structure | <input type="checkbox"/> child/ren's items |
| <input type="checkbox"/> putting child/ren's needs first | <input type="checkbox"/> educational matters | <input type="checkbox"/> child/ren's schedule |
| <input type="checkbox"/> drug/alcohol/nicotine use | <input type="checkbox"/> division of parenting time | <input type="checkbox"/> primary residence |
| <input type="checkbox"/> relationship with family | <input type="checkbox"/> wanting more flexibility | <input type="checkbox"/> vacation time |
| <input type="checkbox"/> blocking contact with the children | | <input type="checkbox"/> safety |
| <input type="checkbox"/> discussing legal or other adult matters with our child/ren | | |
| <input type="checkbox"/> Other _____ | | |

2. **BEHAVIORS:** Indicate the behaviors that occur during conflict. Indicate which parent displays the behavior using the same code. For example, if you have yelled at your co-parent in the past but they do not yell at you, place an "S" next to yelling.

S = Self

B = Both parents

C = Co-parent

- | | |
|---|---|
| <input type="checkbox"/> argues in front of our child/ren | <input type="checkbox"/> argues on the phone when our child is able to hear |
| <input type="checkbox"/> gets loud | <input type="checkbox"/> gets physical with the other parent |
| <input type="checkbox"/> gets loud and demanding | <input type="checkbox"/> gets verbally abusive |
| <input type="checkbox"/> gets physical with our child/ren | <input type="checkbox"/> threatens to go back to court |
| <input type="checkbox"/> threatens to leave town | <input type="checkbox"/> threatens to harm our child/ren |
| <input type="checkbox"/> threatens to withhold money | <input type="checkbox"/> threatens to withhold visitation |
| <input type="checkbox"/> Other _____ | |

3. **OUTCOME:** Indicate the outcome of your communication with the other parent.

- argue unproductively
- argue, but stay child-focused
- show signs of being able to negotiate differences
- negotiate and resolve:
- 1 out of every 5 issues
 - 2 out of every 5 issues
 - 3 out of every 5 issues
 - 4 out of every 5 issues

relationship” by circling the number that rates your JOINT effort. Then, when applicable, place and “X” on a number to rate yourself and underline a number to rate your co-parent.

COMMUNICATION

1. In general, how would you rate the overall level of communication between you and the other parent?

1	2	3	4	5
none/poor				excellent

2. Do you and your co-parent share with each other details about major events in your child/ren’s life such as school performances, doctor visits and extracurricular activities in a timely manner?

1	2	3	4	5
never				always

3. Do you and your co-parent attempt to communicate calmly regarding your child?

1	2	3	4	5
never				always

4. Do you and your co-parent attempt to schedule time to discuss parenting matters when your child/ren is not present or able to overhear your conversations?

1	2	3	4	5
never				always

RESPECT

5. In general, how would you rate the overall level of respect between you and your co-parent?

1	2	3	4	5
none/poor				excellent

6. Do you and your co-parent respect each other’s parenting decisions?

1	2	3	4	5
never				always

7. Do you and your co-parent respect each other’s life style and privacy?

1	2	3	4	5
never				always

8. Do you and your co-parent value your child’s relationship with the other parent?

1	2	3	4	5
never				always

2. **CHANGES:** Indicate each of the changes your child/ren has experienced since the separation. Use each of your child's first initial or their age if you have more than one child.

Separation Losses:

- | | |
|---|--|
| <input type="checkbox"/> loss of home | <input type="checkbox"/> loss of contact with one parent |
| <input type="checkbox"/> loss of activities due to finances | <input type="checkbox"/> loss of contact with relatives |
| <input type="checkbox"/> loss of step siblings | <input type="checkbox"/> loss of pet |
| <input type="checkbox"/> loss of friends | <input type="checkbox"/> death of friend/family member |

Additional Changes:

- | | |
|--|--|
| <input type="checkbox"/> one parent remarried | <input type="checkbox"/> both parents remarried |
| <input type="checkbox"/> new stepsiblings | <input type="checkbox"/> move more than once |
| <input type="checkbox"/> two new homes | <input type="checkbox"/> "at home" parent returned to work |
| <input type="checkbox"/> one parent moved a significant distance | <input type="checkbox"/> change in schools |

Other changes/losses: _____

3. **YOUR CHILD'S ADJUSTMENT:** Describe your child/ren's adjustment to the separation/divorce.

Describe your child/ren's adjustment to the parenting time schedule.

4. **TRANSITIONAL BEHAVIORS:** Indicate you child/ren's behavior when they return from the time they spend with their other parent. Use each of your child's first initial if you have more than one child.

5. **RECOVERY TIME:** Indicate the usual recovery time needed by your child/ren to resettle into their environment. Use each of your child/ren's first initial if you have more than one child.

- | | | | |
|--|------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Few Minutes | <input type="checkbox"/> 30-Miutes | <input type="checkbox"/> 1 Hour | <input type="checkbox"/> Few Hours |
| <input type="checkbox"/> Several Hours | <input type="checkbox"/> Full Day | <input type="checkbox"/> Days | |

6. **MANIPULATION:** Indicate whether or not your child/ren seems to be manipulating you or their other parent. If yes, please explain. Use each of your child/ren's first initial if you have more than one child.

7. **MANAGEMENT STYLES:**

Indicate your discipline or management style on the continuum as well as the other parents.
Use: M = Mother and F = Father.

Minimal Limits Maximum Limits
No Consequences Use of Consequences/Punishment

Indicate your discipline consistency on the continuum as well as the other parents.
Use: M = Mother and F = Father

Inconsistent Consistent

CHILD BEHAVIOR CHECKLIST

Parent's Name _____ Date _____ / _____ / _____
 Child's Name _____ Date of Birth _____ / _____ / _____ Age _____

Directions: Place a "P" by behaviors that occurred PRIOR to the marital conflict or separation. Place an "S" to indicate those behaviors that have occurred SINCE the family separation. Star those of greatest concern to you. If you have more than one child, use each child's first name or initials.

- | | | |
|---|---|--|
| <input type="checkbox"/> Argues, Fights
<input type="checkbox"/> Attention-Deficit
<input type="checkbox"/> Bangs Head
<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Blames Others
<input type="checkbox"/> Bullies
<input type="checkbox"/> Careless with Schoolwork
<input type="checkbox"/> Cheats
<input type="checkbox"/> Clings to Parents
<input type="checkbox"/> Cracks Knuckles
<input type="checkbox"/> Cursing
<input type="checkbox"/> Daydreams
<input type="checkbox"/> Defiant
<input type="checkbox"/> Demanding
<input type="checkbox"/> Demands Excess Attention
<input type="checkbox"/> Destroys Things
<input type="checkbox"/> Doesn't Want to go to School
<input type="checkbox"/> Easily Frustrated
<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Excessive Physical Complaints
<input type="checkbox"/> Forgetful
<input type="checkbox"/> Gets up at Night
<input type="checkbox"/> Gives in to Peers
<input type="checkbox"/> Has Accidents (elimination)
<input type="checkbox"/> Headaches
<input type="checkbox"/> Hits, Bites, Spits
<input type="checkbox"/> Holds Breath
<input type="checkbox"/> Hurts Animals
<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Interrupts
<input type="checkbox"/> Learning Disabled
<input type="checkbox"/> Lies | <input type="checkbox"/> Loses Things
<input type="checkbox"/> Makes Noises
<input type="checkbox"/> Masturbates
<input type="checkbox"/> Name Calling
<input type="checkbox"/> Nightmares
<input type="checkbox"/> Night Terrors
<input type="checkbox"/> Obsessed w/ Clean
<input type="checkbox"/> Overachiever
<input type="checkbox"/> Overly Anxious
<input type="checkbox"/> Overly Sensitive
<input type="checkbox"/> Picked On
<input type="checkbox"/> Poor Eye Contact
<input type="checkbox"/> Poor Manners
<input type="checkbox"/> Pulls Out Hair
<input type="checkbox"/> Refuses Chores
<input type="checkbox"/> Refuses to Eat
<input type="checkbox"/> Refuses to Pick Up
<input type="checkbox"/> Refuses to Wash
<input type="checkbox"/> Requires Special Education
<input type="checkbox"/> Resists Medication
<input type="checkbox"/> Rocks Body
<input type="checkbox"/> Separation Anxiety
<input type="checkbox"/> Sets Fires
<input type="checkbox"/> Sleeps with Parents
<input type="checkbox"/> Sleep Walks
<input type="checkbox"/> Speech Problems
<input type="checkbox"/> Steals
<input type="checkbox"/> Stomach Aches
<input type="checkbox"/> Stutters
<input type="checkbox"/> Sucks Thumb
<input type="checkbox"/> Talks Excessively
<input type="checkbox"/> Tantrums | <input type="checkbox"/> Trouble Finishing Work
<input type="checkbox"/> Trouble Getting Up
<input type="checkbox"/> Trouble Making Friends
<input type="checkbox"/> Trouble Keeping Friends
<input type="checkbox"/> Trouble Following Directions
<input type="checkbox"/> Twitches/Tics
<input type="checkbox"/> Underachiever
<input type="checkbox"/> Uses Baby Talk
<input type="checkbox"/> Wanders Away
<input type="checkbox"/> Watches Too Much TV
<input type="checkbox"/> Weight Problem
<input type="checkbox"/> Whining
<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Won't Behave in Public
<input type="checkbox"/> Won't Go to Bed
<input type="checkbox"/> Won't Play by Self
<input type="checkbox"/> Won't Talk for Self
<input type="checkbox"/> Won't Use Toilet |
|---|---|--|

FEARFUL OF:

- | | | |
|--|--|--|
| <input type="checkbox"/> Animals
<input type="checkbox"/> Burglars/Kidnappers
<input type="checkbox"/> Closed Spaces
<input type="checkbox"/> Germs
<input type="checkbox"/> Death/Dying | <input type="checkbox"/> Heights
<input type="checkbox"/> Insects
<input type="checkbox"/> Loud Noises
<input type="checkbox"/> Natural Disasters
<input type="checkbox"/> Social Gatherings | <input type="checkbox"/> Shots/Doctors
<input type="checkbox"/> Sleep Over's
<input type="checkbox"/> The Dark
<input type="checkbox"/> Weather
<input type="checkbox"/> Other |
|--|--|--|