PARENT COORDINATION

Service Inquiry Form

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CONFIDENTIAL INQUIRY

This form helps determine whether Parent Coordination may be appropriate for your family.
Completion does not establish a professional relationship or guarantee acceptance into services.
Estimated completion time: 10-15 minutes.

Parent Coordination Service Inquiry

Contact and family information

1. Before You Begin

Please complete this form privately and as accurately as possible. Parent Coordination is not an emergency service. If you or a child is in immediate danger, contact 911 or the appropriate emergency or child protection service.

2. Contact Information

Full name *

Preferred name

Date of birth

Telephone *

Email *

Address

Preferred contact method: Email Telephone Text - scheduling only

Safe to leave voicemail? Yes No

Safe to send email? Yes No

3. Family Information

Name of other parent

Current relationship status: Married Separated Divorced Never lived together Other

Approximate separation date

Number of children

Children - names, ages, and primary residence

4. Current Legal Information

Select all that apply:

- ☐ Parenting plan
- ☐ Separation agreement
- ☐ Interim court order
- ☐ Final court order
- ☐ No formal parenting agreement

Are lawyers currently involved? ○ Yes ○ No

Upcoming court date? ○ Yes ○ No

Court file number

Court date

Lawyer names and contact information

5. Why Are You Seeking Parent Coordination?

- ☐ Parenting schedule
- ☐ Holidays / vacations
- ☐ Communication difficulties
- ☐ School decisions
- ☐ Medical decisions
- ☐ Mental health concerns
- ☐ Extracurricular activities
- ☐ Transportation / exchanges
- ☐ Child refusing parenting time
- ☐ New partners
- ☐ Extended family conflict
- ☐ Ongoing court conflict
- ☐ High-conflict communication
- ☐ Difficulty implementing an agreement or order

Briefly describe your concerns *

6. Parent Coordination Suitability

These questions help determine whether the concerns are likely to fall within Parent Coordination and whether a consultation should be offered.

Do parenting disagreements regularly return despite attempts to resolve them?	Yes	No
Have you tried mediation, coaching, counselling, or another dispute-resolution process?	Yes	No
Are both parents expected to continue parenting the children?	Yes	No
Are you mainly seeking help with parenting rather than property, support, or financial matters?	Yes	No
Is there a parenting plan, written agreement, or court order to implement or clarify?	Yes	No
Are you willing to participate respectfully in a structured process?	Yes	No
Are you able to focus discussions on the needs of the children?	Yes	No
Would timely professional assistance likely reduce repeated parenting conflict?	Yes	No

Please explain any answers that may affect whether Parent Coordination is a fit:

7. Previous Services

- [ ] Mediation
- [ ] Parent coaching
- [ ] Family therapy
- [ ] Individual counselling
- [ ] Collaborative law
- [ ] Parenting assessment
- [ ] Reunification therapy
- [ ] Other

Briefly describe previous services and outcomes:

8. Safety Screening

Complete this section privately.

A yes answer does not automatically exclude a family; it identifies the need for further screening or safeguards.

Are you currently afraid of the other parent?	Yes	No
Has there been physical violence or attempted physical harm?	Yes	No
Has there been coercive control, intimidation, isolation, stalking, or harassment?	Yes	No
Have there been threats to harm a parent, child, another person, or pet?	Yes	No
Is there a protection order, peace bond, or no-contact order?	Yes	No
Have police or emergency services been involved?	Yes	No
Are there current criminal charges involving either parent?	Yes	No
Is Child and Family Services currently involved?	Yes	No
Has a child witnessed, heard, or intervened in adult conflict or violence?	Yes	No
Are there concerns about child removal, concealment, or abduction?	Yes	No

Explain any yes responses, current risks, and existing safety measures:

9. Child Well-Being

Select concerns that may affect the children or the process:

- ☐ Mental health
- ☐ Behaviour
- ☐ School attendance / learning
- ☐ Developmental needs
- ☐ Medical needs
- ☐ Safety
- ☐ Substance use
- ☐ None of the above

Please explain concerns, supports, diagnoses, or accommodations that may be relevant:

10. Goals

What do you hope Parent Coordination will help you achieve? *

What would meaningful progress look like for your children and family?

11. Additional Information

Is there anything else you would like STCC to know when reviewing this inquiry?

12. Acknowledgement

Please confirm each statement before signing. This form is an initial inquiry only and is not a full intake, consent form, or Parent Coordination agreement.

- [ ] I understand this is an inquiry form only.
- [ ] I understand completion does not establish a professional relationship.
- [ ] I understand completion does not guarantee acceptance into Parent Coordination.
- [ ] I understand the information will be reviewed to determine whether the service may be appropriate.
- [ ] I understand additional documents, separate screening, and a consultation may be required.
- [ ] I confirm the information provided is accurate to the best of my knowledge.
- [ ] I understand electronic transmission carries privacy and security risks that cannot be completely eliminated.

Electronic signature / typed name *

Date *

Submission instructions

Save the completed PDF and submit it using the secure method provided on the STCC website.

Do not send urgent or emergency information through email or a website form.

For questions: (204) 818-2609 | sandi@stcc.ca

For STCC Office Use Only

Date received

Reviewer

Preliminary outcome:

- ○ Offer consultation
- ○ Request more information
- ○ Not a fit

Review notes and next steps: