Manatee Parenting Time, LLC High Conflict Diversion Program Registration Form

Name:	Custo	odial Parent	Non-custodial	Joint DOB:		
Preferred Phone #:		Cell / Home	/ Work Ema	il:		
Home Address:	City	:	County:	St: Zip:		
Case No.:	Judge Assign	ed:	Your Attorney:			
Other Parent:	Other Parent	Attorney:				
Do you or the other pare	ent have special needs?					
Your case is: Paternity /	Divorce / Dependency Op	en Reopen	Date Closed:	Future Court Dates:		
Number of children:						
Child 1.)		Age:		Special Needs?		
Child 2.)		Age:	Special Needs?			
Child 3.)		Age:	Special Needs?			
3 words to describe chile	d 1)	C	•			
3 words to describe child						
3 words to describe child	d 3)					
When do you meet the o	other parent?	How l	ong have you dated	1 ?		
Date of: Engagement	Marry/Move In			ho left who?		
0 0	ontact with the child(ren)?	1	Last date of conta	act:		
, Has a Parenting Plan be		Temp	orary or Permanen			
· ·	nt filed any motions recent	•	•			
Brief nature of motion:	7	7	8			
	ow many times have you b	een to Family C	ourt or mediation?			
	g Coordinator/Facilitator?	, ,				
•	ve a Guardian ad Litem or	Attorney ad Lit	tem? Na	me:		
Are you working with a	•		ther parent?			
Therapist working w/ ch	-		pist working w/ yo	•		
-	ther parent name (if known		pist working w/ yo	a name.		
	_					
•	cerns/issues/behaviors you	ı believe contrib	oute the most to the	conflict between you and the		
other parent:						
Check all that apply:	Social Investigation	Completed	In Process	Professional:		
11 /	C					
	Psychological Eval.	Completed	In Process	Professional:		

Completed

Drug/Alcohol Eval.

In Process Professional:

How do yo	me sharing arrangement is: ou and the other parent comn	Court Ordered	Mediated/Stipulated Agreement	Voluntary, and is:
Have there	ou and the other parent comm	nunicator O D		
			amily Wizard/Talking Parents o not communicate	Telephone / Text
Use this spa	been allegations (from either	side) of mental illne	ess, personality disorders: Yes	No
	ace for additional information	n you'd like to share	:	
What are yo	ou hoping to take away from	this High Conflict I	Diversion Program?	
Ti Pa Pr co A	ay the Intake and Registration ime, LLC. ay the balance of \$725 in full, i rovide and maintain accurate i ourt Orders. ttend class each week, making	fee of \$75 (includes v n 2 installments, or nformation to the in: up any missed classes	ict Diversion Program Agreements workbook and shipping) to Manatee F weekly/per session installments of \$66 structor regarding my case, including s as soon as possible. willingness to use the tools and concep	0.50. a copy of
 Bo A A Ro Ro clos A A 	asses. bstain from alcohol/drugs witl	ablet, not a cell phon at free of distractions lipping or consuming nsive or vulgar langu nin 12 hours of class. nin 15 weeks to be eli	e. or other people. g alcohol during class. tage or any screen shares to other stud	lents during
pe • If	eriod. I am terminated from the pro	gram, any fees paid a	utive absences or a total of 4 absences re null and void. re no credit for prior attendance.	in a 15 week
The I couns Perso text, the w	seling or any form of therapy or onal matters may be discussed	· legal advice. in classes and I agree l presentations may l l, Manatee Parenting	is not intended to be a substitute for fa to keep such matters confidential. Note recorded or reproduced in any man Time, CPE or Brook Olsen. Instructor Signature:	o portion of

Date: _____

Parent Signature:

Manatee Parenting Time, LLC

www.manateeparentingtime.us Leslie@manateeparentingtime.net (941)201-9352

Authorization for Release of Information

I authorize Leslie Howell, CPE, of Manatee Parenting Time to communicate verbally or in writing with the following individuals(s) or agencies. I understand the following information may be shared:

- My attendance and payment record.
- Any us of violence known to me.
- Suspensions/terminations from the program and the reasons.
- My participation and overall engagement in the High Conflict Diversion Program.
- Recommendations /suggestions for participation in other programs.

This information may be shared with the following individual(s) or agencies or with

Dated this _____, 2023.

Parent Name

Leslie Howell, CPE

Manatee Parenting Time, LLC 5190 26th St. West, Unit A Bradenton, FL 34207

Parent Signature