

Manatee Parenting Time, LLC  
High Conflict Diversion Program  
Registration Form

Name: Custodial Parent Non-custodial Joint DOB:  
Preferred Phone #: Cell / Home / Work Email:  
Home Address: City: County: St: Zip:  
Case No.: Judge Assigned: Your Attorney:  
Other Parent: Other Parent Attorney:  
Do you or the other parent have special needs?  
Your case is: Paternity /Divorce /Dependency Open 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 child 1)

3 words to describe child 2)

3 words to describe child 3)

When do you meet the other parent? How long have you dated?  
Date of: Engagement Marry/Move In Separate Who left who?  
Have you maintained contact with the child(ren)? Last date of contact:  
Has a Parenting Plan been ordered/agreed to? Temporary or Permanent?  
Have you or other parent filed any motions recently and are awaiting a court date?

Brief nature of motion:

In the last 12 months, how many times have you been to Family Court or mediation?

Do you have a Parenting Coordinator/Facilitator?

Does your child(ren) have a Guardian ad Litem or Attorney ad Litem? Name:

Are you working with a therapist/counselor? Child(ren)? Other parent?

Therapist working w/ child(ren) name: Therapist working w/ you name:

Therapist working w/ other parent name (if known):

Briefly describe the concerns/issues/behaviors you believe contribute the most to the conflict between you and the other parent:

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Check all that apply:	Social Investigation	Completed	In Process	Professional:
	Psychological Eval.	Completed	In Process	Professional:
	Drug/Alcohol Eval.	Completed	In Process	Professional:



# 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 individual(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 their official representative or designee:

1. My Attorney: (name/phone) \_\_\_\_\_
2. Therapist/Counselor: (name/phone) \_\_\_\_\_
3. Judge/Magistrate: \_\_\_\_\_
4. 12th Judicial Circuit Court, or: \_\_\_\_\_
5. Other (name/phone/title) \_\_\_\_\_

This Authorization for Release of Information is valid for one (1) year, and shall expire on: \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Leslie Howell, CPE

Manatee Parenting Time, LLC  
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Bradenton, FL 34207