



Your Family Business^{PLLC}

<https://yfbminn.com> · alyssha@yfbminn.com · (952) 698-9223

INTAKE QUESTIONNAIRE – PC CLIENTS

This document will not be shared with your coparent.

Please note that requests for pronouns apply to all parents and children regardless of gender identity, as some names are unisex (Peyton, Carol, Rory, etc.) and I want to make sure I'm referring to the people you care about correctly. Thank you!

1. Biographical Information for Parent

Parent Name

Parent Preferred Name and Pronouns

Parent Date of Birth

Parent Phone Number

Parent Email Address

Parent Street Address (Street, City, State, Zip)

Name of Attorney, if Any

E-Mail & Phone Number of Attorney

Court File Number, if Any

Is there an Order for Protection, Harassment Restraining Order, or Domestic Abuse No Contact Order in place on behalf of either you or your child(ren)? If yes, please provide the type of order in place, the date it was issued, the date it will expire, who is covered, and the court file number.

Are you raising your child(ren) as part of any particular religion or belief system? If yes, please identify the religion/belief system and provide any information you feel is important for me to have.

2. Biographical Information for Joint Child(ren)

Name of Joint Child #1

Date of Birth of Child #1

Child's Preferred Name and Pronouns
(Ex. "Tom" vs. "Thomas")

Special Needs of Child #1?

School/Daycare of Child #1

What does Child #1 call you?
(Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #1. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers. (Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							



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Name of Joint Child #2

Date of Birth of Child #2

Child's Preferred Name and Pronouns
(Ex. "Tom" vs. "Thomas")

Special Needs of Child #2?

School/Daycare of Child #2

What does Child #2 call you?
(Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #2. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers.
(Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							

Name of Joint Child #3

Date of Birth of Child #3

Child's Preferred Name and Pronouns
(Ex. "Tom" vs. "Thomas")

Special Needs of Child #3?

School/Daycare of Child #3

What does Child #3 call you?
(Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #3. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers.
(Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							

Name of Joint Child #4

Date of Birth of Child #4

Child's Preferred Name and Pronouns
(Ex. "Tom" vs. "Thomas")

Special Needs of Child #4?

School/Daycare of Child #4

What does Child #4 call you?
(Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #4. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers.
(Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							



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3. Other Important Individuals in your Child(ren)'s Life

Name of Spouse/Significant Other ("SO")

SO's Preferred Name and Pronouns

Date of Birth of SO

Phone Number of SO

Email Address of SO

Are you living together? If so, for how long?

If your SO has children, please fill out the following information:

Child(ren) of your Significant Other:

Name of Child	Child's Date of Birth	Child's Preferred Name/Pronouns	Does child live with your SO full time? Yes/No	If child does not live with your SO full time, approximately what percentage of time does your SO have the child in their care?	Has this child been introduced to your children? Yes/No

If there are other individuals with whom your child(ren) spend(s) a significant portion of time, such as grandparents, nannies, etc., please fill out the following table.

Name/Preferred Name/Pronouns	Date of Birth	Relationship to Child	How often does this person see your child(ren)?	Phone Number	Email Address



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4. Providers for Parent and Child(ren).

Please use the free spaces to add any other individuals you feel are important for me to be aware of, such as physical therapists, behavioral support personnel, school counselors, etc.

Provider Type	Provider Name	Provider Address	Frequency of Visits	How long have you seen this provider?	Main issues addressed by provider?
Parent's Therapist					
Parenting Coach					
Child #1's Therapist					
Child #2's Therapist					
Child #3's Therapist					
Child #4's Therapist					



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5. Domestic Violence Screening

- a. Have you or your children been personally affected by domestic violence? This includes physical, mental, emotional, financial, or sexual abuse, as well as coercive control. YES or NO
- b. If yes, please provide the following information:

Who was the victim?	Who was the perpetrator?	When did this happen? If it was a singular occurrence, provide the date. If it occurred over a period of months or years, please state the time period.	What was the nature of the abuse?	Was anybody arrested as a result of the abuse? If yes, what was the outcome of the case?

- c. Do you feel safe participating in the PC process with your co-parent? Are there any supports or accommodations that would be helpful to you in feeling safe to participate in this process? Is there anything else you think I should know concerning this topic?



6. Concerns Regarding Co-Parent

- a. Do you have any concerns about your co-parent's mental or physical health or substance use? If so, what are they?

- b. If you have concerns about your co-parent's mental or physical health, have you shared those with your co-parent? If so, what was the outcome of that interaction?

- c. Do you think your co-parent has concerns about your mental or physical health or substance use? If so, what are they?

7. Is there anything else that I have not asked you about in this questionnaire that you feel is important for me to know prior to beginning work with you and your co-parent?



DOCUMENT CHECKLIST

Please verify that you have provided me with the following items, if applicable to your situation:

1. A copy of all court orders pertaining to your child(ren)*, including, but not limited to: your judgment and decree, any child custody orders, any parenting plans, any paternity orders, etc. I do not need orders that *only* address modifications in child support unless they also include changes to parenting time, custody labels, etc.

**If you do not have a copy of a court order readily available, many orders can be found using the Minnesota Court Records Online (MCRO) system, which allows you to search by case number or party name. Visit: publicaccess.courts.state.mn.us/DocumentSearch to utilize this tool.*

2. A copy of any custody evaluation, brief focused assessment, guardian ad litem report, or any other expert report prepared regarding your children.
3. Your fully executed PC Appointment Order (signed by the court).
4. Your completed Fee Agreement and signed Rules and Policies document.

