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PARENTING COORDINATION INTAKE FORM

For any response where there is not sufficient space, feel free to attach additional sheets of paper.

Case Caption : _____

Case Number: _____ Court: _____

Full Legal Name: _____

Address: _____

Phone Number: Home _____ Mobile _____

Date of Birth: _____ Email: _____

Attorney's Name / Phone: _____

Employer- Provide the name of the company, your hours, salary, and job description. _____

Children Involved in this case (A Lifestyle and Development Page is included at the end of this packet. Please complete a Separate page for each child.

Name of Child	Age	Date of Birth

Other Involved People	Name / Phone Number
Other Party	
Other Party's Attorney	
Guardian Ad Litem on Case	

Have you or the other party every been arrested or convicted of any crime?

Date	Crime	Court / Case Number	Result / Sentence

Have you or the other party had any involvement with children services or any other child protection agency?

Approximate Date Opened	Party Involved	Nature of Complaint / Agency Involved	Case Number	Result / Date Closed <i>State if currently open</i>

PARENTING COORDINATION SCREENING

Do you or the other party currently have a Civil Protection Order or any other type of protection Order in Place? Yes No

If the answer is yes, state who is the protected party and identify the issuing court, date and case number *(please provide a copy of the final order)* _____

Are you currently afraid of being in the same room with the other party?
 Yes No

Are you intimidated by the other party?
 Yes No

Are you currently afraid the other party will physically harm you?
 Yes No

Are you afraid of the other party for any reason?
 Yes No

Does the other party have a drug or alcohol problem?
 Yes No

Do you have a drug or alcohol problem?
 Yes No

Has the other party ever threatened to harm you?
 Yes No

Have you ever hit or used physical force toward the other party?
 Yes No

Has the other party ever hit or used physical force toward you?
 Yes No

Has the other party ever denied or threatened to deny you access to the children?
 Yes No

Do you have serious concerns regarding the children’s physical safety?
 Yes No

Do you have serious concerns regarding the children’s emotional wellbeing?
 Yes No

Are you afraid that something you say in session could lead to problems later?

Yes No

Are you afraid that the other party may lose control in a session?

Yes No

Have you ever been arrested for domestic violence or assault?

Yes No

Has the other party ever been arrested for domestic violence or assault?

Yes No

Have you experienced any of the following from the other party?

Verbal Abuse Emotional Abuse

Physical Abuse Sexual Abuse

Did this abuse occur when you were (*check all that apply*)

dating living together separated married

On a scale of 1 (not safe at all) to 10 (totally safe) how safe do you feel being in the same room with the other party when the parenting coordinator is also present? _____

Please list any specific safety concerns you have regarding participating in parenting coordination _____

What are some signs that the parenting coordinator should look for to know when the other party is upset or angry _____

What are some signs that the parenting coordinator should look for to know when you are angry or upset _____

Do you feel you can express your views, thoughts, ideas and desires regarding the children with the parenting coordinator present in front of the other party _____

Relationship (between you and the opposing party in the case)

Were you married to the opposing party? Y / N Date of Marriage: _____

Place of Marriage (City, County, State): _____ Date Separated: _____

How did your relationship end? _____

Current Parenting Arrangement

What is the legal status of your Current Custody Arrangement?

_____ Sole Custody to me _____ shared parenting with other parent

_____ Sole custody to other parent _____ other _____

When did this agreement become a Court order? _____

Describe the actual parenting time schedule that is being exercised and the relevant living arrangements? _____

Have there been any recent changes to the parenting time schedule / living arrangements? .

What are the specific issues that cause you and the other party to have issues co-parenting?

- | | |
|---|--|
| <input type="checkbox"/> division of expenses | <input type="checkbox"/> pickup / drop-off time |
| <input type="checkbox"/> different values | <input type="checkbox"/> differences in discipline between houses |
| <input type="checkbox"/> curfew | <input type="checkbox"/> school performance |
| <input type="checkbox"/> last minute changes to schedule | <input type="checkbox"/> differences re. health / med. Treatment |
| <input type="checkbox"/> in-laws / grandparents | <input type="checkbox"/> religious differences |
| <input type="checkbox"/> issues leftover from relationship | <input type="checkbox"/> disputes about primary residence |
| <input type="checkbox"/> school placement / ed. decisions | <input type="checkbox"/> phone contact / communication w/ kids |
| <input type="checkbox"/> gifts for children / spoiling | <input type="checkbox"/> vacations |
| <input type="checkbox"/> step-parent / new partner | <input type="checkbox"/> extracurricular activities |
| <input type="checkbox"/> holiday parenting time | <input type="checkbox"/> long distance travel / logistical issues |
| <input type="checkbox"/> too much flexibility (other home) | <input type="checkbox"/> too much structure (other home) |
| <input type="checkbox"/> notification regarding activities | <input type="checkbox"/> splitting of expenses / reimbursement |
| <input type="checkbox"/> kids wanting / not wanting parenting time with | <input type="checkbox"/> me <input type="checkbox"/> the other party |
| <input type="checkbox"/> child support / other financial issues | |
| <input type="checkbox"/> inconsistency in exercise of parenting time | |
| <input type="checkbox"/> health issues with the children (if so describe) | _____ |

alcohol abuse / substance abuse (if so describe) _____

mental health issues (if so describe) _____

other issue(s) not mentioned above _____

Explain your selections and provide any additional comments. Please note whether any of the problem areas are improving or getting worse. _____

How would you describe your relationship with the other party? (mark on the spectrum where you feel your relationship stands).

	Extremely Hostile	Angry / Cold	Indifferent	Civil / Professional	Friendly
When married / dating each other					
At the time of separation					
One-year post-separation					
When the current parenting schedule was implemented					
Today / Currently					

For each question put an “x” on the spectrum where you feel your answer most describes your position. The extra lines are for you to explain any answer.

I respect the mother / father of my children as a parent.

Never	Rarely	Sometimes	Usually	Almost Always	Always

If I don’t agree with the other parent’s approach to child rearing, I can accept that we are different and still support that parent.

Never	Rarely	Sometimes	Usually	Almost Always	Always

I restrain myself from talking badly about the other parent in front of our children?

Never	Rarely	Sometimes	Usually	Almost Always	Always

I believe the other parent restrains himself or herself from speaking badly about me in front of the children?

Never	Rarely	Sometimes	Usually	Almost Always	Always

I discuss with the other parent issues which are relevant to our children (i.e. medical, educational, extracurricular, sports, family events, etc).

Never	Rarely	Sometimes	Usually	Almost Always	Always

The other parent is willing to discuss such issues with me.

Never	Rarely	Sometimes	Usually	Almost Always	Always

I think that it is important for our children to maintain regular contact with the other parent and his / her extended family.

Never	Rarely	Sometimes	Usually	Almost Always	Always

I believe the other parent feels it is important for our children to maintain regular contact with me and my extended family.

Never	Rarely	Sometimes	Usually	Almost Always	Always

Even when the other parent and I disagree on a personal level, I feel that I am able to put aside our differences to deal with the children.

Never	Rarely	Sometimes	Usually	Almost Always	Always
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When it comes to our children’s activities, the other party and I can attend jointly.

Never	Rarely	Sometimes	Usually	Almost Always	Always
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What are some things that **the other parent** does very well related to the children? _____

What are some things you think **you** do very well related to the children? _____

What are some things that the other parent would want to change regarding **your parenting** of the children? _____

Do you feel the children have been affected by the conflict between you and the other party? If so please explain how and describe any medical / psychological issues that have been diagnosed in the children that you feel are related to the conflict _____

What happens when you and the other parent are unable to reach a joint decision? How do you resolve impasses? _____

What do you hope to get out of parenting coordination? What are your goals? _____

Rank the top three issues in order of importance (1 = most important) that you hope to address during parenting coordination.

1. _____

2. _____

3. _____

Child's Full Name DOB / Age	
School Name & Address. Grade and Teachers Any Learning Issues (IEP, etc.)	
Childcare Providers <i>Contact info and the hours spent there</i>	
Counselors / Therapists <i>Provide contact information and the reason the child sees them</i>	
Doctor(s) <i>State any medical conditions of the child</i>	
Hobbies / Interests Extracurricular activities	
Anything Else I should know	

*Complete a separate form for each child

Child's Full Name	
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DOB / Age	
School Name & Address. Grade and Teachers Any Learning Issues (IEP, etc.)	
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Child's Full Name DOB / Age	
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<p>Hobbies / Interests</p> <p>Extracurricular activities</p>	
<p>Anything Else I should know</p>	

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