

Parenting Plan Consultation Client Information

Name _____ Today's Date _____

Address _____ Home phone _____

Work phone _____ Fax _____

E-mail _____ Referred by _____

Age _____ Date of birth _____ Marital status _____

Occupation/Employer _____ How long at current job? _____

Work days and hours _____

Other Parent's Name _____ Other Parent's Birth Date _____

Where does the other parent reside? _____

When did you and the other parent begin living together? _____ Date/s of separation/s: _____

Were/Are you and the other parent married to each other? _____ If yes, date of marriage _____

Are you divorced from each other? _____ If yes, when was the divorce final? _____

If you are/have not been married to each other, has parentage of your child/ren been legally established? _____

If Yes, which County? _____

Have you been married to anyone other than the other parent? [] Yes [] No Date/s: _____

Current Spouse/Significant Other: _____ His/Her Date of Birth: _____

Are you currently living with this person? _____ If yes, since when? _____

Please list all of your children:

| Name | Part of This Case? | Birth Date | Sex | Lives With | Dates (from – to) | School & City |
|-------|--------------------|------------|-------|------------|-------------------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

| Other adults & children in your home | Sex | Birth Date | Relationship to you | School & City (if child) |
|--------------------------------------|-------|------------|---------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Do you have a Family Court Services appointment scheduled? _____ If so, when? _____

Do you have a Family Law hearing scheduled? _____ If so, when? _____

Are you represented by an attorney? _____ If so, who? _____

What are your goals for parenting plan consultation? _____

Do you have any concerns or fears regarding parenting plan consultation? _____ If yes, please explain:

Have you ever participated in parenting plan consultation before? _____ If yes, when? _____

Who was the consultant? _____ What was the result? _____

Have you ever had other consultation/counseling? _____ If yes, when and who was/is your consultant/counselor?

What are the current legal custody and parental care arrangements? _____

What are the parenting strengths of the other parent? _____

What are things you would like the other parent to improve in her/his parenting? _____

What are your strengths as a parent? _____

What are things you would like to improve in your parenting? _____

What are the strengths of the other parent as a parenting partner? _____

What are things you would like the other parent to improve as a parenting partner? _____

What are your strengths as a parenting partner? _____

What are things you would like to improve as parenting partner? _____

Describe any behavioral or emotional difficulties your child/ren is/are experiencing at home or at school:

Describe how you and the other parent previously have worked together to meet you child/ren's needs:

Have there ever been any allegations of child sexual or physical abuse or child neglect? _____

If yes, briefly describe _____

Have Children's Protective Services or the police been contacted regarding these allegations? _____

If yes, was there an investigation? _____ When? _____ Where? _____

What was the result of the investigation? _____

Have you ever been arrested for a crime? ____ If Yes, when? _____ Charge/s & result: _____

Any other arrests? _____ If yes, when and what charge/s & result? _____

Has the other parent ever been arrested for a crime? ____ If Yes, when? _____ Charge & result: _____

Any other arrests? _____ If yes, when and what charge/s & result/s? _____

Do you have a history of problems with alcohol and/or other drugs? _____ If yes, last use? _____

What substance/s? _____

DUI/s? ____ If yes, date/s _____ Treatment/AA/NA? ____ If yes, date/s _____

Does the other parent have a history of problems with alcohol and/or other drugs? _____

If yes, last use? _____ What substance/s? _____

DUIs? ____ If yes, date/s _____ Treatment/AA/NA? ____ If yes, date/s _____

Is there a history of violence by either parent toward the other? ____ If yes, briefly describe: _____

Has either parent ever filed for a restraining order? _____ If yes, when? _____

Who is/was the Protected Party? _____ When does/did the restraining order expire? _____

