



**Coaching Programs
New Client Intake
Form** (Rev 1.3)

CONSCIOUS CO-PARENTING INSTITUTE
clientcare@coparentinginstitute.com
<http://www.consciouscoparentinginstitute.com>

Thank you for your interest in working with the Conscious Co-Parenting Institute.

Because of the high volume of inquiries, I regret that I am unable to engage in a more extended dialogue and correspondence regarding your situation without scheduling a personal consultation. Discussions of matters such as the suitability of one of our programs for a particular family are highly case-specific and depend on the history and facts of the situation.

If you are interested in discussing one or more of our programs further, please complete the information form below and return it to me by emailing clientcare@coparentinginstitute.com. After reviewing the information you provide to us, I will let you know if I believe that a consultation is warranted.

Please note that my provision of this information; my review of your information sheet; and my subsequent feedback does not establish a professional relationship between us. This form and pre-consultation process is used *only* for the purpose of gaining information with which to reach a decision about whether a consultation regarding the High Road to Reunification™ or one of our other programs is warranted.

You are advised to consult with your attorney about any information you provide in the Information Form before returning the document.

Directions: Your completion of this form will help in evaluating the suitability of the Conscious Co-Parenting Institute’s programs for your family and will reduce the time of an initial consultation. You are invited to write brief comments and additional relevant information on the last page. To complete this PDF go to pdffiller.com

Name of person(s) completing this form: _____ Date: _____

Children:

First & Last Name	Other Parent	Gender (M/F)	Date of Birth (mm/dd/yy)	Items of note or concern:

Parents and other significant caregivers:

Name:

Relationship to child:

Length known:

Date of birth:

Gender:

Address:

Email:

Phone number(s):

Marital status: Never Married | Married | Common Law | Separated | Divorced | Widowed |
Previously Married/Common Law | Remarried

Name:

Relationship to child:

Length known:

Date of birth:

Gender:

Address:

Email:

Phone number(s):

Marital status: Never Married | Married | Common Law | Separated | Divorced | Widowed |
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Phone number(s):

Marital status: Never Married | Married | Common Law | Separated | Divorced | Widowed |
Previously Married/Common Law | Remarried

The primary concerns of the family are: _____

How long have these concerns existed? _____

Is the situation getting worse? _____

Separation and Divorce Information:

Date that you met (approximately):	
Date that you became a couple (approximately):	
Date of marriage or start of common-law:	
Date & duration of previous separations (approx.):	
Date of separation:	
Date of divorce:	
Other (please specify):	
Other (please specify):	

Name of County and State, that has jurisdiction of your child custody case?

Court proceedings; what proceedings have taken place and what orders are currently in force?

Names and Contact Information of Lawyers:

Lawyer's Name:		
Name of firm:		
Address:		
City & Postal Code:		
Phone Number:		
Fax Number:		
Email:		
Is representing whom?		

Names and Contact Information of Other Professionals (who are or have been involved with the family):

Professional's Name:			
Name of firm/agency:			
Address:			
City & Postal Code:			
Phone Number:			
Fax Number:			
Email:			
Capacity in which they were involved. Please include when they were involved.			

Professional's Name:			
Name of firm/agency:			
Address:			
City & Postal Code:			
Phone Number:			
Fax Number:			
Email:			
Capacity in which they were involved. Please include when they were involved.			

Professional's Name:			
Name of firm/agency:			
Address:			
City & Postal Code:			
Phone Number:			
Fax Number:			
Email:			
Capacity in which they were involved. Please include when they were involved.			

Names and info of Adults currently living with minor children:

Adult's Name:			
Name of firm/agency:			
Address:			
City & Postal Code:			
Phone Number:			
Fax Number:			
Email:			
Capacity in which they were involved. Please include when they were involved.			

Standard Assessment Questions:

Are any family members currently in treatment for a medical condition? No Yes
If yes, please specify.

Is there a concern about alcohol, drug abuse or overuse of non-prescribed drugs? No Yes
If yes, please specify.

Is there a concern about violence? No Yes
If yes, please specify.

Is there a concern about suicide? No Yes
If yes, please specify.

Are there any other issues or concerns that have not yet been noted? No Yes
If yes, please specify.

Explain briefly, your relationship with the other parent and your children:

a. How and why the relationship dissolved (please just hit the highlights)?

b. Have there ever been any allegations of domestic violence, drugs/alcohol, child abuse, etc.

c. Has there ever been any involvement of police, child protective services, social services, etc.

d. Age/gender of each children

e. Describe your relationship with your children

f. Describe the children's relationship with the other parent

g. Anything else you would like to add:

What attempts have been made to resolve or improve the family's concerns?

Outline any other information that you think we should know about your family: _____

Are you experiencing “Parental Alienation?” Please explain: _____

Do you have a chronology of Events? Please attach: _____

Describe your current custody arrangement/schedule?

a. Percentage of time (i.e. 50/50, 60/40, 70/30, etc.)

b. Pick-ups

c. Days and time each child is with each parent (monitored?)

d. Date that this arrangement began/ended

e. How did this schedule come about (i.e. agreement, mediation, stipulation, ordered, ex parte, etc.)?

f. Anything else you would like to add:

Describe any OSC's (Order to Show Cause) that have been filed:

- a. Who brought the OSC and why (i.e. move-away, allegations of abuse, neglect, domestic violence, ex parte, etc.)?
- b. What were the main arguments in both parties' declarations?
- c. Date OSC was filed, county and courthouse, name of presiding judge
- d. Briefly, what was the result or what transpired from this OSC (i.e. parenting classes, custody evaluation, transfer of custody, increase/decrease in time-share of children, ex parte, etc.)?
- e. Anything else you would like to add:

Has there ever been a Custody Evaluation?

- a. What were both parties position/recommendations going into evaluation in regards to custody of the children and why?
- b. What were the main arguments/concerns of both parties (i.e. allegations, neglect, abuse, alcohol/drugs, unfit, move-away, school, stepparent, siblings, etc.)?
- b. Describe the evaluation process (i.e. interviews, collateral information, psychological testing, MMPI-2, "AB-PA," etc.)

c. Describe the evaluator's recommendations (i.e. parenting classes, custody arrangement/schedule, time share with children, etc.)

d. How do you feel the evaluator came to this conclusion?

f. What do you agree with and what you disagree with in the evaluation report?

g. Anything else you would like to add:

Briefly explain your goals and what you would like to accomplish: _____

Are you or anyone in your family currently in therapy?
Please explain: _____

What is your current custody arrangement? Has this been formalized by the courts? Is the agreement being followed?
If not please explain Please attach custody agreement: _____

Please include any questions or concerns you have before we get started? _____

Please mention anything else that you feel is significant in your situation that you feel may have an impact on the

Court orders, parenting plans, legal agreements, and adult-child contacts

Current orders: None Temporary Final Under appeal

As of today, what legal authority does the parent who is interested in High Road to Reunification have to make decisions regarding the children (legal custody — usually governed by court order, decrees, stipulations, or agreements)?

- a. Married, no custody orders in place
- b. Temporary court orders with sole authority to make most decisions
- c. Temporary court orders with joint authority with the other parent to make decisions
- d. Temporary court orders with no authority to make decisions
- e. Final court orders with sole authority to make most decisions
- f. Final court order with joint authority with the other parent to make decisions
- g. Final court orders with no authority to make decisions

Please explain if each parent has decision-making authority over certain types of decisions, or if one parent must consult the other but has the final authority, or if parents need to agree on decisions.

Please include any questions or concerns you have before we get started?

Please mention anything else that you feel is significant in your situation that you feel may have an impact on the family or reunification

How did you find out about the Conscious Co-Parenting Institute?

CLIENT INFORMATION

(This information will not be shared with anyone. It will be used for mailings only).

Name:

Street Address:

City/State/Zip:

Occupation/Employment:

Phone number(s): *Please circle which phone number you would like me to call*

_____ (Home)

_____ (Work)

_____ (Cell/Pager)

_____ (E-mail)

Disclaimer: Any and all information provided or obtained by Dorcy Pruter, The Conscious Co-Parenting Coach, Conscious Co- Parenting Institute, Dorcy Inc., consciouscoparentinginstitute.com dorcypruter.com and/or any and all associates, is provided solely for informational and educational purposes only and should not be construed as legal advice, counseling, or therapy. **IF YOU ARE SEEKING LEGAL ADVICE, PLEASE CONSULT WITH A LICENSED ATTORNEY IN YOUR JURISDICTION. IF YOU ARE SEEKING THERAPEUTIC INTERENTION OR COUNSELLING PLEASE SEEK A LICENSED THERAPIST IN YOUR AREA.** No guarantees are made about the outcome of a particular case. Any information you decide to use is done at your own risk.

Applicant's signature

Date