

COOPERATIVE PARENTING AND SEPARATION/DIVORCE

Participant E-mail Intake Form

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Name _____ Relationship to Child(ren) _____

Phone: H _____ W _____ C _____ (indicate preferred #)

E-mail: _____ Birth date _____

Home Address _____
(Street) (City) (Postal code)

Occupation _____

Referred to the *Cooperative Parenting and Divorce* program by _____

Check One: Collaborative Law Agreement Referred by Lawyer Self Court
Lawyer _____ (if applicable)

Have attended Part A & B *For the Sake of the Children* yes no **Registered to attend** yes no

Co-parent's name _____

*** WILL THEY BE ATTENDING THIS PROGRAM WITH YOU?** yes _____ no _____

If yes – how can we contact them - Phone: H _____ **C** _____

E-mail: _____

Marital Status _____ Length of Marriage/Common-law _____ Length of Separation _____
Date of Divorce/separation _____ (if applicable)

Custody Arrangements: Sole _____ Joint: Legal _____ Shared _____

Are (or were) you involved in custody litigation? yes _____ no _____

If yes:

Do you have a court date pending? _____ if YES - DATE: _____

Did you take part in a custody evaluation or parental fitness evaluation? yes _____ no _____

If yes, please provide the name of the evaluator _____

Have you or the other parent ever been subject to a protective order? yes _____ no _____

If yes, when was it initiated? _____

What are the terms of the order? _____

Have you or the other parent ever been required to participate in supervised visitation? Yes _____ no _____

If yes, what are/were the terms of the visitation? _____

How often did the visitation occur and how long was it supervised? _____

List the name of the supervisor and their relationship to you _____

Have you or the other parent ever been reported to child protective services? yes _____ no _____

If yes, what was it for and when? _____

Do you or the other parent have a history of stalking or harassment of the other parent? yes _____ no _____

If yes, when did it occur? _____

Do you or the other parent have a history of any physical or sexual abuse of an adult or child?

yes _____ no _____

Was a police report made or formal charges brought against you or the other parent? __yes____ no____
If yes, what were you or the other parent charged with and what was the penalty? _____

Have you ever been convicted of a crime other than a minor traffic violation? yes____ no____
If yes, what was it and when? _____

If you have any concerns regarding your child's other parent as it pertains to your child(ren) please summarize _____

INFO on your Children: please complete all sections

Child(ren)'s Primary home is with _____
Child(ren)' access/visitation Schedule is _____

Are there other Adults living in both Homes _____

NAMES/AGES OF CHILDREN, etc:

Full Name	Age	School Grade	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Needs of the Child(ren)/Concerns Unique to Your Family? _____

Are you and/or your children seeing a counsellor? 🍏 YES 🍏 NO

If "yes" name of counselor(s) _____

Are addictions an issue for you or other parent? _____

Any other relevant info:

***DATES FOR GROUP: Thursday October 23rd 2014 – to Thursday November 27th
– 7:00 PM to 9:30 PM
Family Plus -199 Chesley Drive, Suite 204; Saint John (across from HMCS Brunswicker)***

***COST -\$80.00/PP –includes workbook
If this fee is a barrier, please call to discuss***