

Co-Parenting Intake Screening Questions

Name: _____ Date: _____

Address: _____ DOB: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

Married _____ Single _____ Divorced _____, for how long? _____

Attorney: _____ Phone: _____

Referred by: _____

Signature Date

Names of the Children and their ages:

PLEASE ANSWER THE FOLLOWING AS THOROUGHLY AS POSSIBLE:

1. Do you have a child custody and visitation plan in place?
2. How long since your separation?
3. Do you have a significant other that will attend the sessions with you?
4. When was your last court appearance?
5. Did the court order you to participate?
6. Describe what is motivating you to pursue co-parenting counseling at this time?
7. Describe your goals you wish to pursue in co-parenting counseling:
8. What do you feel your most significant challenges are to achieve your stated goals?
9. What has your past experience been with counseling?

10. Describe what you see to be your strengths and weaknesses?

11. Briefly describe your past relationship with the other parent:

12. Describe your relationship with the other parent currently:

13. How do you attempt to communicate with the other parent at this time?

14. Any additional information you feel is important for the co-parenting process?