

PARENTING-COORDINATION CLIENT INFORMATION FORM

**While the P-C process is not confidential, the information in this intake form and the initial meeting with each parent is confidential*

I. Your Information:

Your full name: (Given names and surname)

Date of Birth: _____

Place of Birth: _____

Cell Phone Number: _____

Can the office contact you here? _____

Email Address: _____

Can the office contact you here? _____

Home Telephone Number: _____

Can the office contact you here? _____

Business Telephone Number _____

Can the office contact you here? _____

Home Address and postal code:

Can the office send correspondence to your home address? _____

If not, where?

Emergency Contact: _____

Name: _____

Phone Number: _____

E-Mail: _____

II. Information on marriage or relationship:

Date of commencement of cohabitation: _____

Date of marriage: _____

Place of marriage: _____

Date of separation: _____

Was a custody and access report prepared? _____ If so, on what date? _____

III. Children of the marriage or relationship:

Child's Information:

Full Legal Name of the Child: _____

Date of Birth & Birthplace: _____

Passport Number & Expiry Date: _____

School Attending and Grade: _____; _____

Name & Contact No. for School _____

Name and Contact No. for Doctor: _____

Name and Contact No. for Dentist: _____

Name and Contact No. for any Counselors: _____

Extra-Curricular Activities: _____

Any Health or Other Concerns: _____

Child's Information:

Full Legal Name of the Child: _____

Date of Birth & Birthplace: _____

Passport Number & Expiry Date: _____

School Attending and Grade: _____; _____

Name & Contact No. for School _____

Name and Contact No. for Doctor: _____

Name and Contact No. for Dentist: _____

Name and Contact No. for any Counselors: _____

Extra-Curricular Activities: _____

Any Health or Other Concerns: _____

Child's Information:

Full Legal Name of the Child: _____

Date of Birth & Birthplace: _____

Passport Number & Expiry Date: _____

School Attending and Grade: _____; _____

Name & Contact No. for School _____

Name and Contact No. for Doctor: _____

Name and Contact No. for Dentist: _____

Name and Contact No. for any Counselors: _____

Extra-Curricular Activities: _____

Any Health or Other Concerns: _____

IV. Parenting Plan:

How were issues relating to parenting resolved?

(a) Trial Judgment pronounced on _____

(b) Consent Court Order pronounced _____

(c) Separation/Parenting Agreement dated _____

(Please attach a copy of the document which established the parenting plan)

Are the current parenting arrangements different from Final Order/Agreement?

(Provide any Orders or Agreements in this regard)

V. Children from Prior Relationships:

Do you or your spouse have any other children from a prior relationship? If so, what are the names and ages of the children?

Where are these children residing?

Do you or your former spouse pay or receive child support for any of these children and, if so, in what amounts??

Does anyone apart from you or your spouse pay child support for these children? If yes, provide details: _____

Please set out any other information that you want your lawyer to know on separate pages.

VII. Employment:

What do you do for employment? _____

Schedule of employment: hours/days per week worked? _____

Annual weeks of vacation? _____

Income per annum? _____ Benefits? _____