



## INITIAL INFORMATION FORM

**Please check one:**

Anger Management     Co-parenting Assistance     Parenting Coordination

CAUSE NO: \_\_\_\_\_ JUDGE: \_\_\_\_\_

MARRIAGE DATE: \_\_\_\_\_ SEPARATION DATE: \_\_\_\_\_ DIVORCE DATE: \_\_\_\_\_

**FATHER:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell.) \_\_\_\_\_ E-mail \_\_\_\_\_

**FATHER'S ATTORNEY:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_ (E-mail) \_\_\_\_\_

**MOTHER:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell.) \_\_\_\_\_ E-mail \_\_\_\_\_

**MOTHER'S ATTORNEY:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_ (E-mail) \_\_\_\_\_

**AD LITEM/AMICUS ATTORNEY IF APPLICABLE**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_ (E-mail) \_\_\_\_\_