



PERSONAL INFORMATION FORM

Please check those that apply:

Co-parenting Assistance Pre-Divorce Never Married
 Parenting Coordination Post Divorce
 Collaborative Law

TODAY'S DATE: _____ CAUSE NO: _____ JUDGE: _____

MARRIAGE DATE: _____ SEPARATION DATE: _____ DIVORCE DATE: _____

CHILDREN'S NAME

DATE OF BIRTH

GRADE IN SCHOOL

CHILDREN'S NAME	DATE OF BIRTH	GRADE IN SCHOOL

FATHER:

Name: _____ DOB: _____

Street: _____ City _____ State: _____ Zip: _____

Phone: (H) _____ (Cell.) _____ E-mail _____

Place of Employment: _____ Work Hours: _____

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 _____

Place of Employment: _____ Work Hours: _____

MOTHER'S ATTORNEY

Name: _____ Legal Assistant: _____

Street: _____ City _____ State: _____ Zip: _____

Phone: (W) _____ (Fax): _____ (E-mail) _____

AD LITEM/AMICUS (Attorney appointed for children - if there is one)

Name: _____ Legal Assistant: _____

Street: _____ City _____ State: ____ Zip: _____

Phone: (W) _____ (Fax): _____ (E-mail) _____

OTHER (Counselor or therapist working with children – if there is one)

Name: _____ Involvement: _____

Street: _____ City _____ State: ____ Zip: _____

Phone: (W) _____ (Fax): _____ (E-mail) _____

OTHER (Parent's therapist or school personnel if school issues exist)

Name: _____ Involvement: _____

Street: _____ City _____ State: ____ Zip: _____

Phone: (W) _____ (Fax): _____ (E-mail) _____

OTHERS IN FATHER'S HOME:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHERS IN MOTHER'S HOME:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ANY CURRENT MEDICAL CONCERNS THAT COULD AFFECT EITHER PARENT'S PARENTING:

LIST ANY CURRENT MEDICAL CONCERNS FOR YOUR CHILDREN:

CURRENT AND PAST DRUG/ALCOHOL USAGE (FREQUENCY, AMOUNT):

FATHER: _____

MOTHER : _____

POLICE ARREST RECORD:

(LIST ALL ARRESTS INCLUDING CRIMINAL, DOMESTIC, CIVIL, INCLUDING TRAFFIC ARRESTS)

MARK **F** FOR FATHER AND **M** FOR MOTHER

DATE	CHARGE	CITY & STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any restraining orders or parole conditions currently in effect? If so, explain:

SUMMARIZE YOUR MAJOR CONCERNS ABOUT CO-PARENTING:

Mark each of the changes your children experienced since their parents' separation

- | | |
|---|---|
| <input type="checkbox"/> loss of a home (change in homes) | <input type="checkbox"/> loss of activities due to finances |
| <input type="checkbox"/> loss of step siblings | <input type="checkbox"/> loss of friends |
| <input type="checkbox"/> loss of step parents | <input type="checkbox"/> loss of other relative(s) |
| <input type="checkbox"/> loss of contact with one parent | <input type="checkbox"/> change of schools |
| <input type="checkbox"/> loss of a pet | <input type="checkbox"/> at home parent goes to work |
| <input type="checkbox"/> one parent remarriage | <input type="checkbox"/> both parents remarry |
| <input type="checkbox"/> more than one move | <input type="checkbox"/> new step siblings |

Does it appear that your children have adjusted to their two home schedules?

Mother: Yes No

Father: Yes No

Do your children exhibit any transitional behaviors when they return to your home from their other parent's home? If yes, what behaviors have you noticed?

Do you feel your children manipulate you or their other parent? If so, explain:

How are your children transitioning from home to home (drop off and pick up):

What is your current parenting time agreement:

Mother: _____

Father: _____

Is that parenting time agreement working for you and your children?

____ Mostly ____ Not at all (Explain further)

What other programs have you participated in since the onset of the litigation between you and your children's other parent?

FATHER:

- ____ Parenting Class
- ____ Co-parenting Class
- ____ Anger Management
- ____ Substance Abuse Program
- ____ Domestic Violence Program
- ____ Psychological Evaluation

MOTHER:

- ____ Parenting Class
- ____ Co-parenting Class
- ____ Anger Management
- ____ Substance Abuse Program
- ____ Domestic Violence Program
- ____ Psychological Evaluation

PLEASE FAX THIS TO:

832-217-3123

www.parentingpartnerships.com

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