

CLIENT INTAKE FORM

NAME: _____ DOB: _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

ARE YOU EMPLOYED? YES No

PLACE OF EMPLOYMENT: _____

PROFESSION: _____

WORK SCHEDULE: _____

HOW MANY CHILDREN ARE SUBJECT TO THIS CASE? _____

NAMES AND AGES OF CHILDREN: _____

ARE YOU REPRESENTED BY AN ATTORNEY? YES No

IF SO, WHO IS YOUR ATTORNEY? _____

WHAT IS YOUR ATTORNEY'S PHONE NUMBER? _____

WHAT IS YOUR ATTORNEY'S E-MAIL ADDRESS? _____

ARE YOU SEEING A THERAPIST AT THE RECOMMENDATION OF A PARENTING TIME EVALUATOR OR CUSTODY EVALUATOR: YES No

IF YES, WHO IS YOUR THERAPIST? _____

WHAT IS YOUR THERAPIST'S PHONE NUMBER? _____

ARE YOUR CHILDREN SEEING A THERAPIST? YES No

IF YES, WHO IS YOUR CHILD(REN)'S THERAPIST? _____

OFFICE USE ONLY

Agreement Signed _____

Copy of Judgment Received _____

Retainer Paid _____

APP _____

STIP _____
