Case No	
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Cuyahoga County Domestic Relations Court

PARENTING COORDINATION INTAKE FORM

Please respond to each question. Thank you for your cooperation.

MOTHER	FATHER					
NAME	NAME					
ADDRESS	ADDRESS					
CITY/STATE/ZIP	CITY/STATE/ZIP					
PHONE	PHONE					
NATURE OF CLAIM (CHECK APPROPRIATE [] DIVORCE [] DISSOLUTION [] LEGAL SEPARATION [] ALLOCATION OF PARENTAL RIGHTS AND RESPON [] POST DECREE MODIFICATION [] OTHER	[] UNRULY/TRUANCY [] ABUSE/NEGLECT/DEPENDENCY [] DELINQUENCY NIBILITIES [] CONTEMPT [] PATERNITY					
() o read.						
List all persons with whom you presently reside.						
NAME:	RELATIONSHIP TO YOU:					
[] YES [] NO	ther parent named in this case for domestic violence?					
c. Have you ever had such a petition filed aga [] YES [] NO d. If yes, what was the outcome?	inst you?					

ABUSE A	AND NEGLECT:								
a.	Have you ever filed abuse/neglect? [] YES	an abı	use or neglect repo	ort against th	e other	parent nai	med in tl	his case for child	
a.	. If yes, please describe:								
b.	. Have you ever had such a report filed against you? Yes No [] YES [] NO								
d.	If yes, and there was a finding, please explain.								
,	REN)'S DATA: School attending:								
Child's Name		School Name		Address	Address Grade		Teach	er's Name	
b.	Day care or babysit	ter:							
Child's Name Car		Caret	aretaker's Name		Address			Telephone	
c.	Pediatrician:							<u>'</u>	
Name		Address				Telephone			
						1			
d.	Mental health cour	nselor	or therapist:						
Name			Address				Telepho	one	
						<u>i</u> _	<u> </u>		

e. Dentist and any other to	reating medical personnel:	
Name	Address	Telephone
		I
	MOTHER'S/FATHER'S S	TATEMENT
HOW LONG HAS IT BEEN SI	INCE THIS DISPUTE BEGA	AN?
[] 0 - 30 DAYS	[] 31 - 90 DAYS	[] 3 - 6 MONTHS
[] 6 MONTHS - 1 YEAR	[] 1 – 2 YEARS	[] MORE THAN 2 YEARS
ARE THERE ANY PRESENT [] YES	THREATS OF VIOLENCE [] NO	BETWEEN THE PARTIES?
RELATIONSHIP OF PARTIE	S (CHECK ONE)	
	[] EX SPOUSE [] PARENT/CHILD [] FRIENDS	[] RELATIONSHIP [] OTHER FAMILY
[]		D 2 CA

WOULD YOU HAVE A CONCERN ABOUT SITTING IN THE SAME ROOM WITH THE OTHER PARTY IN AN EFFORT TO RESOLVE THE MATTERS IN DISPUTE?

[]ILS	[]NO		
Please explain your conc	erns:		
WOULD YOU PREFER COORDINATION SES		CCOMPANY YOU TO THE I	PARENTING
[] YES	[] NO		
	rson's name, full contact info the parenting coordination ses	rmation, relationship to you and sion:	describe how that person
I certify that to the best o any) that must be kept co		formation is accurate and I have	circled information (if
Signature		Date	
	*** FOR COU	T USE ONLY ***	
PARENTING COORDIN	NATION DATE:		
PARENTING COORDIN			