

ABUSE AND NEGLECT:

a. Have you ever filed an abuse or neglect report against the other parent named in this case for child abuse/neglect?

YES NO

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. _____

CHILD(REN)'S DATA:

a. School attending:

Child's Name	School Name	Address	Grade	Teacher's Name

b. Day care or babysitter:

Child's Name	Caretaker's Name	Address	Telephone

c. Pediatrician:

Name	Address	Telephone

d. Mental health counselor or therapist:

Name	Address	Telephone

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

YES

NO

Please explain your concerns:

WOULD YOU PREFER TO HAVE SOMEONE ACCOMPANY YOU TO THE PARENTING COORDINATION SESSION?

YES

NO

If yes, please state the person's name, full contact information, relationship to you and describe how that person will be of help to you in the parenting coordination session:

I certify that to the best of my knowledge, the above information is accurate and I have circled information (if any) that must be kept confidential:

Signature

Date

*** FOR COURT USE ONLY ***

PARENTING COORDINATION DATE: _____

PARENTING COORDINATION #: _____