

COURT ORDERED INTAKE & PERSONAL INFORMATION

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

Date of Marriage: _____ **Date of Separation:** _____ **Date of Divorce:** _____

FATHER:

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone H: _____ C: _____ Email: _____

Place of Employment: _____ Work Hours: _____

FATHER'S ATTORNEY

Name: _____ Legal Asst: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone H: _____ Fax: _____ Email: _____

MOTHER:

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone H: _____ C: _____ Email: _____

Place of Employment: _____ Work Hours: _____

MOTHER'S ATTORNEY

Name: _____ Legal Asst: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone H: _____ Fax: _____ Email: _____

CHILDREN'S NAMES

DATE OF BIRTH

GRADE IN SCOOOL

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

Name: _____ Legal Asst: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone H: _____ Fax: _____ Email: _____

Initials _____

OTHER (Counselor or therapist working with children)

Name: _____ Involvement: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone H: _____ Fax: _____ Email: _____

OTHERS IN FATHER'S HOME:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER'S IN MOTHER'S HOME:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any current medical concerns that could affect either parent's parenting abilities:

List any current medical concerns for your children:

Current and past drug/alcohol usage (frequency and amount)

Father: _____

Mother: _____

Initials _____

POLICE ARREST RECORD

List all arrests including criminal, domestic, civil, including traffic arrests

Date	Charge	City & State	Disposition

Are there any restraining orders or parole conditions currently in place? If yes, explain:

SUMMARIZE YOUR MAJOR CONCERNS ABOUT CO-PARENTING:

Does it appear that your child(ren) has adjusted to their two home schedules?

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

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

Initials _____

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

What is your current parenting time agreement?

Is that parenting time agreement working for you and your children? ___ Mostly ___ Not at all, explain:

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

**RETURN THIS FORM AND YOUR SIGNED AGREEMENT VIA
EMAIL or FAX: 409.899.4606 ALONG WITH YOUR DEPOSIT OF \$250
PRIOR TO YOUR FIRST APPOINTMENT**

Initials _____