

A.C.F. Intake form

Date:

Personal Information (please give your complete address-city and state and zip code)

Name:

Address:

Email:

Phone number:

Name of Co-parent:

Name(s) and age(s) of child(ren)

Service you are seeking:

Mediation/Parent Coach/Parenting Consultant/Parenting Evaluation/Parenting Time Expeditor/Custody Evaluation/Brief Focused Assessment

Please Provide a brief description of the current situation:

What is the current custody arrangement:

Do you have an Attorney: (List name and contact information)

Are there any other professionals involved (i.e. Guardian Ad Litem, Parenting Consultant, therapist): (list name and capacity here)

Are there any court orders or mediated agreements: (Please provide copies)