

**What's Best For Kids  
Parenting Facilitation Intake Form**

This form must be filled out as completely as possible.

Your Name \_\_\_\_\_ Today's date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address (cannot be a p.o. box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Your age \_\_\_\_\_ M F

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ D/O/B \_\_\_\_\_

Office phone \_\_\_\_\_ Email address \_\_\_\_\_

Employer \_\_\_\_\_ Your position \_\_\_\_\_

SSN \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Your relationship to the child(ren) Biological \_\_\_\_ Step-parent \_\_\_\_\_

Adoptive parent \_\_\_\_\_ Grand-parent \_\_\_\_\_ Other \_\_\_\_\_

Your attorney \_\_\_\_\_ Attorney's phone \_\_\_\_\_

Attorney's email address \_\_\_\_\_ Fax \_\_\_\_\_

Is there an Ad Litem or Amicus Attorney assigned? \_\_\_\_\_

**Your Children:**

Name \_\_\_\_\_ D/O/B \_\_\_\_\_ School/grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Visitation/Custody arrangement \_\_\_\_\_

Children's medical issues \_\_\_\_\_

Children's medications \_\_\_\_\_

Children's allergies \_\_\_\_\_

Other than yourself, who else has access to them in your home? \_\_\_\_\_

\_\_\_\_\_

Your History: Criminal Record? Y N If yes, explain \_\_\_\_\_

Significant Medical History \_\_\_\_\_

Other Legal Issues (Past or Present) \_\_\_\_\_

\_\_\_\_\_

**PARENTING FACILITATION INTAKE FORM, PAGE TWO:**

**Your History, continued**

**Mental Health History (Inpatient, Outpatient, Medications, Diagnosis)**\_\_\_\_\_

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**Do you have any restraining orders filed against you at this time? Y N**  
**Explain:** \_\_\_\_\_

**Do you have any other children from any other relationships? Y N**  
**Names and ages:** \_\_\_\_\_  
**Do they live with you either full time or part time? Y N**

**Is there anything else you feel the facilitator should know as we start the process?**

**PLEASE PROVIDE COPIES OF ALL COURT ORDERS AND RECORDS RELATED TO THIS CASE.**