

Laurie Nickel Supkoff, LCSW
1329 Howe Avenue, Suite 201
Sacramento, CA 95825
(916) 743-1605

Intake Form
Private Child Custody Recommending Counseling

If the space provided is not sufficient for you to answer a question fully, write in the most important part of your answer and mark that question with a start (*). Do not attach extra sheets or write in the margins.

Your Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Home Ph: _____ Cell: _____ Wk.: _____

Other Parent's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Home Ph.: _____ Cell: _____ Wk.: _____

Date of Marriage: _____ Separation: _____ Divorce: _____

Father's Attorney: _____ Ph.: _____

Mother's Attorney: _____ Ph.: _____

Court Date: _____ Case No.: _____

Children: Name	DOB	School/Grade	Current Living Arrang.
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1. _____

2. _____

3. _____

4. _____

PCCRC Client Registration & Information

Name _____

Others living in your home

Age

Relationship/status

1. _____

2. _____

Previous mediations/CCRCs or PCCRCs? Yes_No_If yes, please provide copies of reports.

Dates: _____

Summarize what you believe are the most important CONCERNS to consider in this PCCRC:

Summarize what you believe are the most important GOALS for this PCCRC:

Describe your child(ren); their personalities, interests, activities, functioning in school and with peers, and any special problems of concern to you now.

Briefly describe the current issues or dispute.

Is there an existing Court Order for child custody? If so, please describe it.

How is your current parenting plan different from the Court Order, if at all? Describe.

SOLE LEGAL CUSTODY means that one parent has the right and responsibility to make the major decisions relating to health, education and welfare of the child.

JOINT LEGAL CUSTODY means both parents share the right and responsibility to make these major decisions.

Do you favor _____SOLE LEGAL CUSODY, or _____JOINT LEGAL CUSTODY?

Why?

SOLE PHYSICAL CUSTODY means that a child lives with and is under the supervision of one parent, subject to the power of the Court to order visitation.

JOINT PHYSICAL CUSTODY means each of the parents has significant periods of physical custody and that they share custody in a way that assures the child of frequent and continuous contact with both parents.

Do you favor _____SOLE PHYSICAL CUSTODY, or _____JOINT PHYSICAL CUSTODY?

Why?

Describe your relationship with your child(ren). Include caretaking, activities, and discipline.

Describe the other parent's relationship with your child(ren). Include caretaking, activities and discipline.

Describe how you and the other parent typically divided and accomplished the parenting tasks and responsibilities. How was this division made? How did this pattern develop and evolve over time?

What are the strengths and assets in the way you parent the children?

What are the strengths and assets in the way the other parent parents the children?

How far do you live from the other parent?

Have you or the other parent, ever been arrested, and/or locked up? If so, please furnish dates and details.

Have you, or the other parent, ever been hospitalized for psychiatric or substance abuse problems? If so, please furnish dates and names of hospitals and doctors.

Please list the names and contact information of any mental health professionals anyone (parent, child or live in partner) has seen for counseling, etc.

Name	Address	Phone	Family member seen	When last seen

Does your child(ren) have any physical problems requiring medical care? If so, please furnish the following information:

Doctor	Address	Phone	Child	Nature of Problem

Please furnish the following information for your minor child(ren):

Child	School	Phone	Teacher

Describe your PROPOSAL for a parenting plan, visitation or residence schedule. This will not include the holiday schedule. Please indicate why you think this would be in the best interest of the child(ren).

Please include any additional information you would like to have considered in mediation that you have not already mentioned. Also, **please attach your children's SCHOOL SCHEDULE showing holidays and vacations.**

Please list name, address, telephone, and relationship of professionals, or other people, you think can contribute important information to this process.

Today's Date: _____