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**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:

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

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

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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

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.**