

Dr. Roberta Marowitz
Licensed Marriage & Family Therapist
Parenting Coordinator
237 Lookout Place, Maitland, FL 32751
407-865-3855

COOPERATIVE PARENTING INTAKE-Parenting Coordination

Name _____ Phone (_____) _____ (H)

SSN _____ - _____ - _____ DOB _____ Age _____ Place of Birth _____

Home Address _____ County _____

Business
Address _____

Occupation _____ Business Phone (_____) _____ Cell (_____) _____

Level of Education: High School _____ Bachelors _____ Masters _____ Above _____

Current Marital Status _____ Other adults living in the house _____ # of children _____

Children/Stepchildren:

	Name	Age	Grade/School	Birthdate	Natural/Step
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Length of Former Marriage _____ Length of Separation _____ # Prior Marriages _____ Date of Divorce _____

Attorney _____ Phone (_____) _____ Fax (_____) _____
Address _____

Presiding Judge _____ County _____ Phone (_____) _____
Address _____

Guardian Ad Litem _____ Phone (_____) _____ Fax (_____) _____
Address _____

Current Custody Arrangements _____ Temporary/Permanent _____

Visitation Schedule _____

Are you or the co-parent required to have supervised visits? If so, explain _____

Do you have a joint legal agreement? _____ If so, who has the final say? _____

Have you been in custody battle with the co-parent? If so, what were the results (include name of evaluator, and a copy of the report)_____

Page 2 Intake-Parent Coordination

Previous Counseling treatment_____

Name and number of your current psychotherapist_____ (_____)_____

Name and number of your child's current psychotherapist_____ (_____)_____

List current medications for self and child_____

'_____

'_____

Drug/Alcohol Usage (frequency, amount)_____

Have you been convicted of a crime other than a minor traffic violation? Yes_____

'_____ No_____

History of domestic violence_____

Allegations of physical, emotional or sexual abuse_____

Has Department of Child's Service been involved with your family at any point in the past? _____

'_____

Are you or the co-parent subject to a protective order?_____

(attach a copy of the current protective order)

Summarize your concerns regarding your co-parent as it pertains to your child/ren_____

'_____

'_____

'_____

'_____

Is there any physical or emotional danger to you in participating with your co-parent and a parent coordinator? If so, explain

'_____

'_____

'_____

Who referred you to this program? Judge-() Guardian ad Litem-() Custody Evaluator-() Attorney-() Co-Parent-()

Is your participation with a parent coordinator: Court Ordered-() Recommendation-() Voluntary-()