

**Trinity Superior Court – Family Court Services**  
**CHILD CUSTODY RECOMMENDING COUNSELING INTAKE FORM**

This intake form is used to facilitate your Child Custody Recommending Counseling (Mediation).  
*The information provided is for Child Custody Recommending Counseling personnel only.*

COURT CASE NUMBER: \_\_\_\_\_ DATE OF NEXT COURT APPEARANCE: \_\_\_\_\_

ARE YOU REPRESENTED BY AN ATTORNEY? NO  YES  ATTORNEY'S NAME: \_\_\_\_\_

**YOUR FULL LEGAL NAME:** \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ DL#: \_\_\_\_\_ Is it valid? NO  YES

**MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**Contact information: Phone number:** \_\_\_\_\_ **Can receive texts?** NO  YES

**Email address:** \_\_\_\_\_ (please print clearly)

**Employer:** \_\_\_\_\_ **Work Schedule:** \_\_\_\_\_

**Other parent's name:** \_\_\_\_\_ **Other parent's phone #:** \_\_\_\_\_

**Other parent's mailing address:** \_\_\_\_\_

**Date of Separation (if applicable):** \_\_\_\_\_ **Length of Marriage/relationship** \_\_\_\_\_

**HAVE YOU BEEN TO CHILD CUSTODY RECOMENDING COUNSELING (MEDIATION) BEFORE?** YES  NO   
 If yes, County and Date: \_\_\_\_\_

**MINOR CHILDREN BETWEEN YOU AND THE OTHER PARENT IN THIS COURT CASE:**

Name (first, middle, last)	School	Grade	M/F	Date of Birth	Age	Resides With

**CHILDREN FROM OTHER RELATIONSHIPS:**

Name (first, middle, last)	AGE	Date of Birth	M/F	Name of Other Parent/Guardian	Resides With

**OTHER ADULTS LIVING IN YOUR HOME:**

Name (first, middle, last)	M/F	Relationship to you

**Has there been any instance of domestic violence in your relationship with the other parent?** YES  NO  Not Sure  *If yes or not sure is checked, please review domestic violence procedure provided on FCS webpage link or attached handout.*

Are there any criminal protective orders or restraining orders in effect? YES  NO   
 Are there any domestic violence incidents involving law enforcement? YES  NO   
 Date of incident: \_\_\_\_\_

**Are you requesting a separate appointment because of domestic violence?** YES  NO  *If yes, please complete domestic violence procedures form provided on FCS webpage link or attached handout.*

**Trinity Superior Court – Family Court Services**  
**CHILD CUSTODY RECOMMENDING COUNSELING INTAKE FORM**

Do any of the children have any special needs? YES  NO  If yes, please explain:

---

---

Have there ever been allegations of child abuse or neglect regarding *any* of your children?

YES  NO  If yes, please give further information: \_\_\_\_\_

**Is there any alcohol or drug abuse, including prescription abuse, in the past or present with either parent? YES  NO**  If yes, explain how substance abuse currently affects this parent's ability to parent:

---

**Has either parent had mental health issue(s) that have impaired their ability to parent?**

Mother  Father  Please explain: \_\_\_\_\_

Are there any current court orders regarding custody and/or visitation for the child/ren in this matter? YES  NO  Please explain: \_\_\_\_\_

Is the current order being followed? YES  NO

If no, what parenting schedule is occurring: \_\_\_\_\_

**What concerns you would like to discuss in the CCRC/Mediation session? Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Children's residence                | <input type="checkbox"/> Time with each parent during the school year   |
| <input type="checkbox"/> Holiday and/or vacation time        | <input type="checkbox"/> Decision-making                                |
| <input type="checkbox"/> Transportation                      | <input type="checkbox"/> Discipline                                     |
| <input type="checkbox"/> Medical or emotional needs and care | <input type="checkbox"/> School issues                                  |
| <input type="checkbox"/> Substance abuse                     | <input type="checkbox"/> Exposure to criminal behavior                  |
| <input type="checkbox"/> Child abuse or neglect              | <input type="checkbox"/> Domestic Violence                              |
| <input type="checkbox"/> Following the courts orders         | <input type="checkbox"/> Availability of other parent to care for child |
| <input type="checkbox"/> Children resisting shared parenting | <input type="checkbox"/> Creating peaceful communication                |

**How would you like major decisions about your children's health, education and well-being to be made?**  Both parents together  Father only  Mother only  One parent after talking to the other parent first

**Please describe the custody /parenting time sharing arrangement that you believe best meets the children's needs:** \_\_\_\_\_

---

**What Holiday schedule do you believe is in the children's best interest?**

---

**Please describe any other agreement (about the children) you would like to have with the other parent:**

---

**What do you think both parents could do to create greater cooperation?**

---