



# PARENTING PARTNERSHIPS, INC.

Houston and Dallas/Ft. Worth

## INFORMATION FORM

Please check one:

Cooperative Parenting/Collaborative Law       Co-parenting Case Management       Mediation  
 Individual Co-parenting Coaching       Parenting Coordination       Other

DATE: \_\_\_\_\_ CAUSE NO. (if court ordered): \_\_\_\_\_

Child(ren)'s Names and DOB:

\_\_\_\_\_

\_\_\_\_\_

### INTAKE INFORMATION

#### **FATHER**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell.) \_\_\_\_\_ (Pager) \_\_\_\_\_

(Fax): \_\_\_\_\_ (Alt.) \_\_\_\_\_ (E-mail) \_\_\_\_\_

#### **FATHER'S ATTORNEY**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_ (E-mail) \_\_\_\_\_

#### **MOTHER**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell.) \_\_\_\_\_ (Pager) \_\_\_\_\_

(Fax): \_\_\_\_\_ (Alt.) \_\_\_\_\_ (E-mail) \_\_\_\_\_

#### **MOTHER'S ATTORNEY**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_ (E-mail) \_\_\_\_\_

#### **AD LITEM**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_ (E-mail) \_\_\_\_\_

#### **OTHER**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_ (E-mail) \_\_\_\_\_

**Please complete a separate intake if other parties are involved**

222 Pennbright Suite 135, Houston, TX 77090 – 1900 St. James Place, Suite 880, Houston, TX 77056

409 Harwood Rd., Bedford, TX 76021

[www.parentingpartnerships.com](http://www.parentingpartnerships.com)

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