

Please return form in the self-addressed envelope provided, or to:
450 So. State; P.O. Box 140241; Salt Lake City, Utah 84114-0241 or FAX (801) 578-3843



CO-PARENTING SCREENING INTAKE FORM

I. IDENTIFYING INFORMATION — *(personal information will be kept confidential)*

FULL NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
STREET ADDRESS OR P.O BOX APT. #

City State ZIP

DATE OF BIRTH: _____

Home Phone: _____ Work Phone: _____ Cell: _____

EMAIL ADDRESS: _____

Attorney's Name: _____

CONTACT PERSON: _____
Name Phone Number

Address City State ZIP

II. CHILDREN (Involved in this Action)

Name	Date of Birth
_____	_____
_____	_____
_____	_____

III. DEMOGRAPHIC INFORMATION

Race/Ethnicity (Please Check Only One)

Approximate Annual Income

- American Indian or Alaskan Native
- Asian American/Pacific Islander
- Black/African American
- White
- Hispanic or Latino
- Other/Don't Know

- Less Than \$10,000
- \$10,000 - \$19,000
- \$20,000 - \$29,000
- \$30,000 - \$39,000
- \$40,000 And Above

V. CUSTODY PARENT-TIME (VISITATION)

IS THERE A CURRENT ORDER REGARDING PARENT TIME? YES NO

(IF YES):

1) ARE THE TERMS OF YOUR CUSTODY/PARENT-TIME ORDER CLEAR? YES NO

2) ARE THE TERMS OF YOUR CUSTODY/PARENT-TIME ORDER BEING MET? YES NO

IF NOT, WHAT IS YOUR COMPLAINT? _____

FOR NON-CUSTODIAL PARENTS ONLY:

IN THE PAST 30 DAYS:

1. HOW MANY DAYS WERE YOU SUPPOSED TO SEE YOUR CHILD(REN)? _____

2. HOW MANY DAYS DID YOU ACTUALLY SEE YOUR CHILD(REN) _____

IN YOUR OPINION, WHAT NEEDS TO BE DONE TO RESOLVE THIS PROBLEM? _____

HAS THERE BEEN DOMESTIC VIOLENCE WITH THE OTHER PARENT (CO-PARENT)? YES NO

IF YES, PLEASE EXPLAIN: _____

IS THERE A CURRENT ACTION REGARDING CHILD SUPPORT? (CIRCLE ONE) YES NO

IF YES, WHEN WAS THE ACTION FILED? _____

IS THERE A CURRENT PROTECTIVE ORDER? (CIRCLE ONE) YES NO