# Family-Support-logo (1)

**INTAKE QUESTIONNAIRE**

Please indicate what service you are coming to Susan Lieberman for:

 □ Parenting coordination

 □ Assessment

Date: Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is important that you complete the following questionnaire as fully and accurately as possible. This form is intended to alert Susan Lieberman to issues that deserve special attention.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: *Please indicate which numbers you would prefer us to call you at:*

 (H) (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: *Emails are sometimes sent to both parents and/or counsel. Please provide an email address you are comfortable sharing with the other parent*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawyer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawyer’s full contact information, including email address and phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of other parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children: (Indicate from which marriage. Put \* by child(ren) relevant to this process.)

Name Age Sex Birthdate Residing with Grade Current school\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_ □ Full time □ Part time

Number of years at present place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: Observant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Residence in Ontario: \_\_\_\_\_\_\_ In Canada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you anticipate moving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present marital status:

 □ Married

 □ Common Law

 □ Separated

 □ Divorced

 □ Widowed

 □ Single

 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name all persons with whom you reside, including partners, housemates, caregivers, relatives etc.

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Are you and the other parent physically separated? Yes No Uncertain

Date of marriage/relationship: \_\_\_\_\_\_\_\_\_\_ City of marriage: \_\_\_\_\_\_\_\_\_\_

Date of final separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of previous separations/reconciliations with this parent:

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Has the divorce petition been filed? No Yes - by whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been married before? No Yes

Please give the dates of previous marriages and divorces and significant relationships:

### Date of marriage/cohabitation Date of Separation Date of Divorce

Current legal custody (pertaining to major decisions) by separation agreement or court order

 (Please supply copy of Parenting Plan and/or Order)

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Reason for Separation

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Current parenting time/schedule

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Current child support arrangements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent major life events – positive and negative: losses, accidents, changes in employment, birth of child, marriage, etc. These will be discussed on an individual basis.

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What are the current issues and implementation problems?

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What do you and the parent do best together as parents?

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What are your significant concerns about parenting?

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What are your hopes for parenting in the future?

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What are your significant concerns about your relationship with the other parent?

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What are your significant hopes/goals for your relationship with the other parent?

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Are you able to discuss family issues openly with each other? Yes No

Do you have comments regarding whether or not you and the other parent are able to make decisions cooperatively about the children?

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During the relationship with the other parent, important decisions were made about:

 BY OTHER PARENT BY ME JOINTLY

A) Household Finances □ □ □

B) Purchases of Family Property □ □ □

#### Children’s Education □ □ □

1. Children Health Care □ □ □

E) Children’s Religious Training □ □ □

F) Children’s Extra Curricular Activities □ □ □

Have there been any incidents of verbal or emotional abuse?

 In the past 6 months? Yes No

 At any time in the relationship? Yes No

Have there been any incidents of spousal violence?

 In the past 6 months? Yes No

 At any time in the relationship? Yes No

If you answered “yes” to the above 2 questions, please give specifics:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

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Have the children witnessed any incidents of physical, verbal, or emotional abuse?

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Have there been any incidents of physical, verbal, or emotional abuse against the children?

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Are you fearful of the other parent for any reason?

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Has the other parent ever threatened to hurt you in any way?

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Has the other parent ever hit you or used any other type of physical force towards you?

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Has the other parent emotionally or sexually abused you?

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Have you or the other parent ever abused alcohol or drugs?

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Have you ever called the police, requested a protection order, or sought help for yourself as a result of abuse by the other parent?

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Has the other parent ever threatened to deny you access to your children?

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Do you have any concerns about the children’s emotional or physical safety with you or with the other parent?

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How would you rate your relationship with the other parent?

Excellent □ Good □ Fair □ Poor □ Couldn’t be worse □

What effect do you think this relationship has on the children?

A great deal □ Some □ A little □ None at all □

What do you think it would take to improve the situation?

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Do you currently have or have you previously had a chronic or recurrent health problem? If so, explain.

Has a physician ever prescribed medication for an emotional problem?

No Yes (if yes, please provide details)

Present use of alcohol, including beer, wine, liquor:

Daily □ Once or twice a week □ Once or twice a month □ None □

Have you ever been arrested for an alcohol related crime?

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### Have you ever undergone treatment for substance abuse? No Yes – when? \_\_\_\_\_\_\_\_

Please rate the effectiveness of this treatment:

Very effective □ Helpful □ Waste of time □

Are you now or have you ever been on probation or parole? No Yes

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had a restraining order filed against you?

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Is there a restraining order in effect right now that you are involved in?

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Have you or the other parent ever participated in domestic violence classes, batterer’s intervention, or anger management? No Yes – When and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please rate the effectiveness of these classes in eliminating abusive behaviour:

Very effective □ Helpful □ Waste of time □

Have there ever been charges filed against you for physical assault, domestic violence, or stalking?

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Specifically, what can you do to bring out the best in the other parent?

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Discuss any additional concerns:

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Previous and current collateral sources, including social workers, psychologists, psychiatrists, boards of education, family doctors, paediatricians, hospitals, CAS, CCAS, JF&CS, other agencies or sources:

CONTACT AGENCY/TYPE OF PROFESSIONAL PHONE DATE OF

INVOLVEMENT

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In case of an emergency, who should be notified?

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