

**Lorain County Domestic Relations Court**  
**PARENTING COORDINATION INTAKE FORM**

Please respond to each question. Thank you for your cooperation.

**DATE** \_\_\_\_\_

**PLAINTIFF/PETITIONER**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE

**DEFENDANT/RESPONDENT**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE

**NATURE OF CLAIM (CHECK APPROPRIATE BOXES)**

- DIVORCE
- DISSOLUTION
- LEGAL SEPARATION
- ALLOCATION OF PARENTAL RIGHTS AND RESPONSIBILITIES
- POST DECREE MODIFICATION

- UNRULY/TRUANCY
- ABUSE/NEGLECT/DEPENDENCY
- DELINQUENCY
- CONTEMPT
- PATERNITY

OTHER \_\_\_\_\_

List all persons with whom you presently reside.

NAME:

RELATIONSHIP TO YOU:

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DOMESTIC VIOLENCE:

a. Have you ever filed a petition against the other parent named in this case for domestic violence?  
Yes \_\_\_\_ No \_\_\_\_

b. If yes, what was the outcome? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Have you ever had such a petition filed against you? Yes \_\_\_\_ No \_\_\_\_

d. If yes, what was the outcome? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ABUSE AND NEGLECT.

a. Have you ever filed an abuse or neglect report against the other parent named in this case for child abuse/neglect? Yes \_\_\_\_ No \_\_\_\_

b. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Have you ever had such a report filed against you? Yes \_\_\_\_ No \_\_\_\_

d. If yes, and there was a finding, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD(REN)'S DATA:

a. School attending:

Child's Name	School Name	Address	Grade	Teacher's Name
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b. Day care or babysitter:

Child's Name	Caretaker's Name	Address	Telephone
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c. Pediatrician:

Name	Address	Telephone
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d. Mental health counselor or therapist:

Name	Address	Telephone
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e. Dentist and any other treating medical personnel:

Name	Address	Telephone
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**PLAINTIFF'S/PETITIONER'S STATEMENT**

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**HOW LONG HAS IT BEEN SINCE THIS DISPUTE BEGAN?**

- 0 - 30 DAYS                       31 - 90 DAYS                       3 - 6 MONTHS  
 6 MONTHS - 1 YEAR               1 - 2 YEARS                       MORE THAN 2 YEARS

**ARE THERE ANY PRESENT THREATS OF VIOLENCE BETWEEN THE PARTIES?**

- YES                                       NO

**RELATIONSHIP OF PARTIES (CHECK ONE)**

- HUSBAND/WIFE                       EX SPOUSE                                       RELATIONSHIP  
 EX RELATIONSHIP                       PARENT/CHILD                                       OTHER FAMILY  
 ACQUAINTANCES                       FRIENDS  
 OTHER: \_\_\_\_\_

**WOULD YOU HAVE A CONCERN ABOUT SITTING IN THE SAME ROOM WITH THE OTHER PARTY IN AN EFFORT TO RESOLVE THE MATTERS IN DISPUTE?**

- YES                                       NO

Please explain your concerns:

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**WOULD YOU PREFER TO HAVE SOMEONE ACCOMPANY YOU TO THE PARENTING COORDINATION SESSION?**

- YES                                       NO

If yes, please state the person's name, full contact information, relationship to you and describe how that person will be of help to you in the parenting coordination session:

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I certify that to the best of my knowledge, the above information is accurate and I have circled information (if any) that must be kept confidential:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\* FOR COURT USE ONLY \*\*\*

PARENTING COORDINATION DATE: \_\_\_\_\_  
PARENTING COORDINATION #: \_\_\_\_\_