

NEW JERSEY'S NEW WAYS FOR FAMILIES, LLC

www.newwaysnj.com

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INTAKE INFORMATION

General Information

Date:	/ /
Last Name:	
First Name:	
Relationship to Child(ren):	
Date of Birth:	
Age:	
Address:	
Occupation:	
Employer Name:	
Employer Address:	

Preferred Contact info

Email Address:	
Phone:	

Counsel Information

Firm Name:	
Counsel Name:	
Address:	

Email:	
Phone:	
Fax:	

Relationship History

Present Marital Status:	
Are you living in the same home?	
Who initiated Separation/Divorce and briefly describe circumstances	

Date Marriage/ Cohabitation

<u>Date you met</u>	<u>Date of Marriage/ Cohabitation</u>	<u>Date of Separation</u>	<u>Date of Divorce</u>
/ /	/ /	/ /	/ /

Child(ren)

CHILD'S NAME:	AGE:	DOB:	GRADE:	School:
		/ /		
		/ /		
		/ /		
		/ /		

Who does the child reside with:	
What is the current Parenting Plan:	
Is it signed off on?	

Communication/Decision-making/Interactions

How are you communicating with the other parent: Please circle all that apply

Face-to-face Email Through Child(ren) Text

Has the child(ren) witnessed you arguing/disagreeing? If so, please briefly describe.	
What impact have you noticed, that the separation and/or conflict, has had on the child(ren)?	

During the relationship who made important decisions about your child(ren) regularly, regarding the following areas:

Education:	you, other parent, or both
Healthcare:	you, other parent, or both
Religious Training:	you, other parent, or both
Extracurricular Activities:	you, other parent, or both

How is decision-making going currently?	
Have there been any incidents of verbal or physical abuse?	
Has a restraining order or charges ever been brought?	
If so, please describe?	
Has DCPP been involved?	
If so, please describe?	

Mental Health/Medical/Learning Style

Do you have a medical, cognitive, mental health or substance abuse issue that would impact your learning of the New Ways material or in the participation of this program or in your parenting?	
Are you in therapy currently?	
Have you participated in couples counseling?	
If so, please provide details.	