



Erickson Counseling & Mediation PLLC

11107 McCracken Circle #A Cypress, TX 77429

Ericksoncounseling.com

832-455-5729

Each Parent's Personal Information

(Filled out by each parent separately)

| | |
|-------------------------|--|
| Full Name: | |
| Date of birth: | |
| Current Address: | |
| Phone Numbers: | |
| Current Marital Status: | |
| Name of partner: | |
| | |

| | |
|-----------------------|--|
| Attorney Information: | |
| Name: | |
| Address | |
| Phone #: | |
| Children's Attorney: | |
| Name: | |
| Address: | |
| Phone #: | |

| | |
|----------------------------------|--|
| Names of children from marriage? | |
| | |
| | |
| | |

| | |
|--------------------------------------|--|
| Names of people living in YOUR home: | |
| | |
| | |
| | |

Date of Next Scheduled Court Appearance (If Any or NA) _____

Who referred you to this program? _____

Unless already provided, please attach a copy of the current court order.



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Length of Marriage: _____ Length of Separation: _____ Number of Separations: _____

Since your initial court appearances, number of times in court? Reason and Outcome? _____

Have you had a Social Study _____ Psychological Evaluation _____ (Please provide a copy if checked)

List current medical conditions and ongoing treatments: _____

List all medications you currently take: _____

Any history of mental health issues with yourself or your biological family? _____

Any hospitalizations or admissions to a psychiatric facility or substance abuse program? _____

Since your initial court appearances, number of times in court? Reason and Outcome? _____

Drug/Alcohol Usage (frequency, amount) _____

Have you been convicted of a crime other than a minor traffic violation? Explain) _____

History of domestic violence, allegations of physical, emotional or sexual abuse _____

Has Child Protective Services ever been involved with your family at any point in the past? If yes, list allegations, date(s) of investigation and outcome(s).



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Are you or the co-parent subject to a protective order (Attach a copy) _____

What are your goals in participating in the program? _____

What challenges do you foresee in co-parenting?

Name _____

Signature _____

Date _____

