**Parenting Time & Child Decision Making Assessment Intake Form (Section 30 CLRA, private assessments)**

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| --- | --- | --- | --- |
| Referral Date: |  | Adjournment Date: |  |
| Date of Court Order/Arbitration award: |  | Court Location: |  |
| Justice/Arbitrator: |  | Lawyer name: |  |
| Court File #: |  | Lawyer phone number: |  |

**ADULT PARTIES INVOLVED IN ASSESSMENT**

**Please provide your name and other basic information about you:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (please include any maiden names in brackets): |  | Relationship to child: |  |
| Address: |  | Email address: |  |
| Cell Phone: |  | Place(s) of employment: |  |
| Home Phone: |  | Other sources of income: |  |
| Work Phone: |  | Birth Date: |  |

**\*\*\*In any of the following sections, you may use a separate piece of paper if you do not**

**have enough space to complete your answers in the space provided\*\*\***

**CHILDREN**: Please list all children of the parties involved in the assessment (including step-children):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **D.O.B.** | **Where they live** |  |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| 4.  |  |  |  |  |
| 5.  |  |  |  |  |

|  |  |
| --- | --- |
| Name and contact info of Children’s Lawyer (if applicable): |  |

Please describe the current parenting schedule (use a separate sheet if the regular rotation takes more than two week’s time):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon. | Tues. | Weds. | Thurs. | Fri. | Sat. | Sun. |
| Week 1 |  |  |  |  |  |  |  |
| Week 2 |  |  |  |  |  |  |  |

**Please list any other children you have (other than the children you have with the other party):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **D.O.B.** | **Where they live** |  |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| 4.  |  |  |  |  |
| 5.  |  |  |  |  |

**Involvement in counselling and other community services**

Please list all of the services that your children have been involved with**:**

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| --- | --- | --- | --- |
|  | **Name of Family Member:** | **Name of Agency/Professional, including contact information:** | **Date range:** |
| **Family Physician:** |  |  |  |
| **Pediatrician:** |  |  |  |
| **Hospital Involvement:** |  |  |  |
| **Psychiatric/mental health treatment:** |  |  |  |
| **Counselling:** |  |  |  |
| **Medical, psychiatric, psychological assessments:** |  |  |  |
| **Child protection involvement:** |  |  |  |
|  |  |  |  |

**Please list all schools your children have attended (in descending order by date):**

|  |  |  |
| --- | --- | --- |
| **Name of School:** | **Location:** | **Dates attended:** |
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**Please outline the reasons for this VoC report:**

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**Please state any concerns you may have regarding this VoC report:**

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**Please state what you hope to come out of this VoC process:**

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**Please outline your strengths and weaknesses as a parent:**

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**Please outline the strengths and weaknesses of the other parent:**

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| --- |
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**Please outline any concerns you have about the other parents’ ability to meet your child(ren)’s needs:**

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**Please outline what plan/schedule you think would be in the best interests of your child(ren) and why you think this plan/schedule is in your child(ren)’s best interests:**

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**Please list any past assessments (e.g. psychological, custody and access, psychiatric, paediatric) that have been completed on your children:**

|  |  |  |
| --- | --- | --- |
| **Assessment type:** | **Date of assessment:** | **Name of professional who completed the assessment:** |
|  |  |  |
|  |  |  |
|  |  |  |
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**Please provide any other information that may be important/helpful for Jonathan to know about you, your children and/or the other party (use a separate piece of paper if needed):**

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**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your full name), agree that the above information is, to the best of my knowledge, accurate. I agree to provide updated information in the event that the above information is no longer accurate or when circumstances change. In completing and submitting this form, I am consenting to the collection of personal information about me, my partner (where relevant) and my children for the purposes of participating in a custody and access assessment. I am aware that I can seek independent legal advice (i.e., speaking with a lawyer) about completing and submitting this form before it is completed.**

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**Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature: Date:**