



Parenting Coordination Service - Referral Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (w) \_\_\_\_\_

City: \_\_\_\_\_ Phone: (h) \_\_\_\_\_

Relationship to Child(ren):  Mother  Father  Other \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Hours of Work (include shifts): \_\_\_\_\_

Other persons (adults and children) in your home and their relationship to your child(ren):  
\_\_\_\_\_  
\_\_\_\_\_

Spousal History

Married/Common-Law	Dates of Marriage(s) or start of	Date of Divorce
Relationship(s)	Common-Law Date of	
	Separation	

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

Information about Child(ren) (only those involved in current negotiations)

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Details of Current Custody/Access Arrangement:

Sole Custody to mother:

Sole Custody to father:

Sole Custody, shared residence:

Joint Custody, primary residence with father:

Joint Custody, primary residence with mother:

Joint Custody, shared residence:

Other: \_\_\_\_\_

Access Arrangements:

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

Is the arrangement finalized by order of the court, and if so, on what date?

\_\_\_\_\_

What form of communication with the other parent do you use to resolve questions about your child(ren):

Face to face:

By email:

By telephone:

By letter/communication book:

Through lawyers:

Through child(ren):

Other: (e.g. third party)  If so, please specify: \_\_\_\_\_

Has the marital conflict ever resulted in police involvement or necessitated a restraining order?

Yes  No  If yes, please explain:

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



Has the marital conflict ever resulted in intervention by the Children's Aid Society?

Yes  No  If yes, please explain:

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Please provide a brief history of the conflict around the child(ren) that has resulted in a referral for a Parenting Coordinator.

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What interventions have you attempted in the past to resolve the conflict and issues regarding the child(ren):

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What are you hoping to achieve or change through the involvement of a Parenting Coordinator?

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Prioritize your child(ren)'s needs which are an issue and you would like to discuss in Parenting Coordination. Please note a few thoughts on your concerns.

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Would you be able to meet with the Parenting Coordinator and ex-partner in a joint session?

Yes  No



Name, address and phone number of your lawyer:

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How would you like to be contacted by the Parent Coordinator?

- phone # \_\_\_\_\_       text (provide cell # \_\_\_\_\_)
- email \_\_\_\_\_