

INTERIM ORDER INTAKE AND ASSESSMENT SHEET

Date: _____

This questionnaire is confidential and is used to facilitate your Child Custody Recommending Counseling (CCRC)/Mediation session. The information provided is for CCRC office personnel only.

Full Legal Name: _____ Court Case #: _____

Date of Interim Order: _____ Date of Next Scheduled Court Appearance: _____

Mailing Address: _____

Physical Address: _____

Home Phone Number: _____ Best Phone Number(s) to Reach You _____

Attorney Name: _____

Other Parent's Name: _____ Other Parent's Phone #: _____

Other Parent's Mailing Address: _____

Are you requesting separate appointments because of domestic violence? Yes No

Are you requesting the presence of a support person because of domestic violence? Yes No

Assessment Needs:

1. Please describe the areas of the plan that you have successfully complied with. Please describe the areas of the plan have you have not complied with and why.
2. Please describe any **current** areas of concern, issues or questions you have regarding the Interim Order.
3. Are there any modifications to the current order that you would like to see that are in your child(ren)'s best interest? Please describe.
4. How do you feel your child is adapting to the current order? Please explain.
5. Is there anything else you believe the CCR Counselor may need to know to help facilitate your session?

If you feel you need additional writing space to explain each question, please attach extra papers.