OLIVE BRANCH
FAMILY LAW SOLUTIONS

(254) 435-2000 · natalie@olivebranchfamilylaw.com
PO Box 144, Cranfills Gap, Texas 76637

CONFIDENTIAL CLIENT INTAKE · TEXAS

Parenting Coordinator Intake Form

Complete one form per parent/conservator. Attach additional pages if needed. Information is used to assess the case, confirm the appointment, and screen for safety concerns.

How to return this form: type your answers into the fields and email the completed form to natalie@olivebranchfamilylaw.com, or print it, fill it out by hand, and scan or photograph it back.

1. Appointment and Case Information

Date of intake	
Referral source	☐ Court order ☐ Agreed order ☐ Attorney ☐ Self-referral ☐ Other:
Court name and county	
Cause number	
Date of order appointing coordinator/facilitator	
Order type	☐ Final decree ☐ Temporary order ☐ Modification ☐ Other:
Judge/associate judge	
Appointment term or end date (if stated)	
Fee allocation in order (e.g., 50/50, other)	

Intake fee: $100 per party

2. Your Information

Full legal name	
Role	☐ Mother ☐ Father ☐ Other conservator:
Date of birth	
Mailing address	
Phone	☐ OK to text ☐ Voicemail OK
Email	
Preferred contact method	☐ Email ☐ Phone ☐ Text

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Employer / work schedule	
Primary language	☐ Interpreter needed
Accessibility or accommodation needs	

3. Other Parent / Conservator

Full legal name	
Address (if known)	
Phone / email (if known)	
Is the other parent represented by an attorney?	☐ Yes ☐ No ☐ Unsure

4. Attorneys

	NAME	FIRM	PHONE / EMAIL
Your attorney			
Other parent's attorney			
Attorney ad litem / amicus attorney (if any)			

5. Children

CHILD'S NAME	DATE OF BIRTH	GRADE / SCHOOL	SPECIAL NEEDS OR HEALTH CONDITIONS

Do any children have an IEP, 504 plan, therapist, or medical provider involved? If yes, list:	☐ Yes ☐ No
Does any child have a different parent or half-sibling in another household? Explain:	☐ Yes ☐ No

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6. Current Court Orders and Possession Schedule

Possession schedule	☐ Standard Possession Order ☐ Expanded Standard ☐ Modified / custom ☐ Other:
Describe the current schedule (weekdays, weekends, holidays, summer)	
Are there other orders in effect?	☐ Protective order ☐ Restraining order ☐ Injunction ☐ Child support order ☐ Other:
Is there pending litigation (modification, enforcement, contempt, other)? Describe:	☐ Yes ☐ No
Has an order been violated or enforcement sought? Describe:	☐ Yes ☐ No

7. Safety Screening

Texas law restricts appointment of a parenting facilitator/coordinator where there is credible evidence of family violence or child abuse, so this section is important. Answer as completely as you are comfortable. **If you are in immediate danger, call 911.** The National Domestic Violence Hotline is 1-800-799-7233.

1. Has there ever been a protective order involving you, the other parent, or the children?	☐ Yes	☐ No
2. Has there been any history of family violence, abuse, or threats between you and the other parent?	☐ Yes	☐ No
3. Has Child Protective Services (DFPS) or any agency been involved with the family?	☐ Yes	☐ No
4. Are there any criminal charges or convictions involving either parent that relate to the family?	☐ Yes	☐ No
5. Do you feel unsafe communicating with or being in the same room as the other parent?	☐ Yes	☐ No
6. Are there substance abuse, mental health, or weapons concerns affecting the children's safety?	☐ Yes	☐ No
7. Do you need separate sessions, virtual meetings, or separate arrival/departure times?	☐ Yes	☐ No

Explanation of any “yes” answers:

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8. Issues to Be Addressed

Check all that apply:

☐ Exchanges / transportation ☐ Schedule changes or make-up time ☐ Holiday or summer possession
☐ Communication between parents ☐ Extracurricular activities ☐ School decisions
☐ Medical or mental health decisions ☐ Religious activities ☐ Travel (in-state / international)
☐ Introduction of new partners ☐ Relocation ☐ Technology / social media / phone use
☐ Child's behavior or transitions ☐ Parenting style differences ☐ Other:

Briefly describe the top three issues you want help resolving:

1.

2.

3.

9. Communication History

How do you and the other parent currently communicate?

☐ Text ☐ Email
☐ Co-parenting app (name): ☐ Phone
☐ Through attorneys ☐ Minimal / none

Describe the quality of communication (e.g., cooperative, tense, hostile, avoidant)

Have you attempted mediation, counseling, or co-parenting classes? Details:

☐ Yes ☐ No

What has worked well, even in small ways?

10. Goals

What would you like to be different after working with the parenting coordinator?

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11. Documents to Provide

Please submit copies of the following, if available:

- ☐ Order appointing parenting coordinator/facilitator
- ☐ Current possession and access order
- ☐ Any protective or restraining orders
- ☐ Parenting plan or prior agreements
- ☐ Relevant communications (summary preferred; do not send volumes of messages)
- ☐ School or medical documents relevant to the issues

12. Acknowledgments and Consent

By signing, I acknowledge that:

1. The parenting coordinator is a neutral third party appointed to help the parents implement the court's orders and resolve disputes. The coordinator does not represent either parent, does not provide legal advice, and does not provide therapy.
2. The scope of the coordinator's authority is defined by the court's order and applicable Texas law (see Texas Family Code, Chapter 153, Subchapter K).
3. Communications with the coordinator are not confidential in the way attorney-client or therapist-client communications are. The coordinator may share information with the other parent and may be required to report to the court, as the order and Texas law permit or require.
4. The coordinator may be required to report suspected child abuse or neglect under Texas law (Family Code §261.101).
5. I am responsible for paying my share of fees as stated in the court's order, and I have received or reviewed the fee schedule and agreement.
6. The information I provided is true and complete to the best of my knowledge.
7. I may be contacted by the coordinator for additional information and may be asked to sign releases for related records.

PARENT SIGNATURE

DATE

Printed name

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13. Office Use Only

Intake received by / date	
Appointment order verified	☐ Yes ☐ No
Conflict check completed	☐ Yes ☐ No
Safety screening reviewed; accommodations arranged	☐ Yes ☐ No ☐ N/A
Fee agreement signed / retainer received ($)	☐ Yes ☐ No
First session scheduled (date)	
Format	☐ In person ☐ Virtual ☐ Separate sessions
Notes	