DIVORCE COACHING & CONSULTATION SERVICES

CLIENT CONTACT INFORMATION

CLIENT INFORMATION:

NAME: _____

NAME YOU LIKE TO BE CALLED: _____

ADDRESS: _____

_____

TELEPHONE NUMBERS/CONTACT DETAILS:

HOME: _____ WORK: _____

CELL: _____

EMAIL: _____

PREFERRED CONTACT MODE (S): _____

EMPLOYMENT INFORMATION:

OCCUPATION: _____

EMPLOYER: _____

PERSONAL INFORMAITON:

DATE OF BIRTH: _____

CURRENT MARITAL STATUS: _____

NUMBER OF CHILDREN AND AGES:

LIST ALL MARRIAGES WITH NAMES AND DATES:

PLEASE LIST ALL MEMBERS OF YOUR CURRENT HOUSEHOLD, INCLUDING AGES AND RELATIONSHIP TO YOU:

ARE YOU, OR ANYONE IN YOUR FAMILY RECEIVING ANY SERVICES FROM A MENTAL HEALTH PROFESSIONAL? IF SO, WHOM?

ARE YOU TAKING ANY MEDICATIONS? IF SO, WHAT AND WHY?

DO YOU HAVE ANY PHYSICAL, EMOTIONAL OR MENTAL CONDITIONS; EITHER PRESENTLY OR IN THE PAST YOU HAVE BEEN DIAGNOSED OR TREATED FOR? IF SO, PLEASE LIST THEM AND WHAT TREATMENT WAS PRESCRIBED OR USED?

LEGAL INFORMATON:

ATTORNEY'S NAME: _____

ATTORNEY'S PHONE NUMBER: _____

ATTORNEY'S EMAIL ADDRESS: _____

SIGNIFICANT OTHER'S ATTORNEY'S NAME: _____

DO YOU HAVE TEMPORY ORDERS OR A DIVORCE DECREE? YES NO

DATE: _____

(PLEASE PROVIDE COPIES OF ALL TEMPORARY AND/OR FINAL ORDERS)

HAS A SOCIAL STUDY BEEN ORDERED IN YOUR CASE? _____

IF YES, WITH WHOM? _____

(PLEASE PROVIDE A COPY OF ANY REPORTS FILED)

HAS AN AMICUS BEEN APPOINTED IN YOUR LEGAL CASE? _____

IF SO, WHO IS IT? _____

HAS CHILD PROTECTIVE SERVICES BEEN INVOLVED IN YOUR CASE? _____

IF YES, PLEASE EXPLAIN AND IF THE CASE HAS BEEN CLOSED:

_____

_____

CURRENT ISSUES:

PLEASE DESCRIBE THE PROBLEM(S) YOU WANT TO WORK ON TOGETHER?

_____

_____

_____

_____

WHAT WOULD YOU LIKE TO SEE HAPPEN AS A RESULT OF US WORKING TOGETHER?

_____

_____

_____

_____

WHAT IS THE ISSUE THAT IS MOST CONCERNING YOU RIGHT NOW?

_____

_____

_____

FEE SCHEDULE:

MY FEES ARE $300.00 AN HOUR AND I BILL FOR MY TIME IN QUARTER HOURS (15 MINUTES) FOR COACHING, CONSULTING OR COUSELING SESSIONS, PHONE CALLS, EMAILS, AND REVIEW OR PRODUCTION OF DOCUMENTS. PLEASE SEE THE ATTACHED FEE SCHEDULE FOR A COMPLETE LIST OF FEES.

PLEASE NOTE THAT I HAVE A 24-HOUR CANCELLATION POLICY. IF YOU CANCEL YOUR APPOINTMENT WITHIN 24 HOURS, OR DO NOT SHOW UP FOR YOUR APPOINTMENT, YOU WILL BE CHARGED THE FEE FOR THE TIME YOU BOOKED ON MY SCHEDULE.

YOUR SIGNATURE BELOW CONSTITUTES YOUR UNDERSTANDING AND AGREEMENT TO MY FEES AND CANCELLATION POLICY.

CLIENT DATE

I AUTHORIZE ROBIN BROWN TO CHARGE MY CREDIT CARD FOR SERVICES RENDERED. I ALSO UNDERSTAND THAT IF I USE A CREDIT CARD FOR SERVICES, THERE WILL BE A 5% ADDITIONAL CHARGE.

CREDIT CARD NUMBER

EXPIRATION DATE CVV CODE BILLING ZIP CODE

PLEASE NOTE THAT IF YOUR CASE IS INACTIVE FOR A PERIOD OF 180 DAYS OR MORE, YOUR FILE WILL BE LOCKED AND STORED OFF SITE. HOWEVER, WE CAN EASILY RETRIEVE YOUR FILE FOR FUTURE SESSIONS SCHEDULED OR TO BE COPIED. IN THE EVENT YOUR FILE REMAINS INACTIVE FOR A PERIOD OF 5 YEARS OR MORE, IT WILL BE PROFESSIONALLY SHREDDED.