

## PARENTING PLAN COORDINATOR INTAKE

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### BASIC INFORMATION:

Your Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address (including zip code): \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### OTHER PROFESSIONALS CURRENTLY INVOLVED IN CASE

Atty 1 \_\_\_\_\_

Atty 2 \_\_\_\_\_

Psychotherapists: \_\_\_\_\_

### FAMILY COMPOSITION: (List other family members)

Name	Age	Birth Date	Birth Place	Occupation or Current School
_____				
_____				
_____				
_____				
_____				

## Client Information for Billing

Your Name: \_\_\_\_\_

PPC's Name: \_\_\_\_\_

Hourly Fee: \$ \_\_\_\_\_ Date of First Session: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Send Monthly Statement?  Yes  No

Person or Persons Responsible for Payment:

Name: \_\_\_\_\_ % \_\_\_\_\_ Name: \_\_\_\_\_ % \_\_\_\_\_

Special Billing Instructions or Arrangements (e.g. alternate address):

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

In addition to the Deposit for the PPC process, we require a valid credit card on file for payment of fees after the first \$3,000.00 of the deposit is used. Please provide your credit card information below. Your card will be charged automatically at the end of each month for services rendered which have not been paid.

I, the undersigned, have read the above fee policies and procedures and agree to abide by them. I agree to authorize payment for any fees outstanding at the end of any month on the following credit card (Master Card or Visa):

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (signed)