A.C.F.-Assisting Changing Families LLC
Christine Davis
Intake Form:

Today's Date:

Name:
Address:
Email:
Phone number:

Are you the residential or non-residential parent?

Name(s) and age(s) of child(ren)

Attorney Information:
Name:
Phone number:
Email:

Are there any allegations or documentation that Domestic Abuse occurred between the parties? Does it involve the children?

Is there a court order?
(If there is a court order please attach to this document).

Do the parents have contact?

What form of communication, if any, do the parents have?

Briefly describe your perspective on the current situation and why services are requested:

Any special notes regarding the health, welfare and safety of the child(ren)?