

PARENT FACILITATION INTAKE FORM

Provider: Lucas Cantu, LPC

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I. CASE INFORMATION

- Cause Number: _____
- County of Jurisdiction: _____
- Your Name: _____ DOB: _____
- Other Parent's Name: _____
- Your Attorney's Name: _____ Phone: _____
- OurFamilyWizard Username: _____

II. CHILDREN INVOLVED IN THIS SUIT

Name of Child	Date of Birth	Grade	School/Daycare Name

- Current Possession Schedule: (e.g., Standard Possession, 5-5-2-2, etc.)

- Primary Conservator (if applicable): _____

III. MANDATORY SAFETY & HISTORY SCREENING

Pursuant to Texas law, a facilitator must assess for risks of violence or impairment.

1. **Protective Orders:** Is there currently a Protective Order or Restraining Order in effect?

[] Yes [] No (If yes, please provide a copy immediately).
2. **Domestic Violence History:** Have there been any incidents of physical violence, threats, or intimidation between you and the other parent in the last 2 years?

[] Yes [] No

If yes, briefly describe: _____
3. **Substance Use:** Do you have concerns regarding the other parent's use of alcohol or controlled substances?

[] Yes [] No

4. **Mental Health:** Are the children currently seeing a therapist or counselor?

Yes No

Name of Child's Therapist: _____

IV. COLLATERAL CONTACTS

List individuals who have significant knowledge of the children's needs (e.g., teachers, therapists, step-parents).

Name	Relationship to Child	Phone/Email

V. PRIMARY CONCERNS & GOALS

1. What are the top 3 issues you wish to resolve through facilitation?

1. _____

2. _____

3. _____

2. What is the biggest obstacle to successful co-parenting right now?

VI. ACKNOWLEDGMENT OF NON-CONFIDENTIALITY

I understand that **Parenting Facilitation is not a confidential process** in the State of Texas. I acknowledge that Lucas Cantu, LPC, may report to the Court and attorneys regarding my participation, compliance, and any statements made during this process.

Signature: _____ **Date:** _____