

## Counseling Center of Montgomery County

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### CONTACT FORM

DATE: \_\_\_\_\_ CAUSE NO: \_\_\_\_\_

Children: (Please list) **NAME** / **DOB** / **AGE**:

#### SERVICE(s) REQUESTED:

**COUNSELING:** (*circle all that apply*) Individual Family Co-Parenting  
 **Parenting Facilitation**  **Parenting Coordination**  **Coaching**  
 **GROUP(s):** (*circle all that apply*) Productive Parenting Cooperative Parenting Anger Management  
Divorce Recovery Substance Recovery Parental Alienation Workshop

#### INTAKE INFORMATION:

(Please complete fully. List other family members or parties on a separate intake form or cross out where applicable):

##### **Your Information**

Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Alt) \_\_\_\_\_

(E-mail) \_\_\_\_\_

##### **Your Attorney's Information:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_

(E-mail) \_\_\_\_\_

##### **Your Co-Parents Information**

Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Alt) \_\_\_\_\_

(E-mail) \_\_\_\_\_

##### **Your Co-parent's Attorney's Information:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_

(E-mail) \_\_\_\_\_

##### **Ad Litem or Amicus Attorney for child: (If applicable)**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_

(E-mail) \_\_\_\_\_