

NEW CLIENT INTAKE QUESTIONNAIRE

APPLICANT INFORMATION

Name: _____

Today's Date: _____

Date of Birth: _____

Any Confidentiality Concerns?:

Current Marital Status: _____

Length of Marriage/Relationship: _____

Date of Separation: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____

Email: _____

HIGH GROUND

high conflict divorce coaching