



**Dana Schneider MA, MFT**  
**\*Psychotherapy \* Divorce Related Issues \* High Conflict Co-Parenting**  
**\*Special Master**  
**718 Spring Street**  
**Santa Rosa, Ca. 95404**  
**707.566-9303 fax 707.528-4876**  
**licensed marriage and family therapist #M13811**

**Answers to the following questions are required**

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED ANY OF THE FOLLOWING (Please circle Yes or No).

1. A child protective services investigation for alleged neglect, physical or sexual abuse? No Yes.
2. A domestic dispute where there were weapons, injury, or where the police were called? No Yes
3. Is there now or has there been over the past five years, a restraining order because of domestic violence, harassment, stalking, abuse, or threats? No Yes
4. Past or present drug or alcohol abuse? No Yes
5. Suicide attempt(s), clinical depression, or violent behavior? No Yes
6. Past or present legal or litigation history such as arrests, incarcerations, criminal litigation? No Yes
7. Do you feel that your child is safe alone with the other parent? No Yes

**If you answered "Yes" to any of these questions, please call and speak to Ms. Schneider before your first meeting.**

WHAT DO YOU HOPE TO ACHIEVE WITH MEDIATION AND/OR CONSULTATION?

IS THERE AN IMMEDIATE CRISIS OR ISSUES YOU WANT ADDRESSED AS SOON AS POSSIBLE?

WHAT ONE OR TWO ACTION STEPS OR UNDERSTANDINGS WOULD YOU LIKE TO HAVE AS SOON AS POSSIBLE?

WHAT DO YOU WANT TO BE SURE IS DISCUSSED IN DETAIL?

HOW COMFORTABLE ARE YOU BEING IN THE SAME ROOM WITH THE OTHER PARENT? CAN YOU BE AT THE SAME EVENT AT THE SAME TIME AT A CHILD'S ACTIVITY OR SCHOOL FUNCTION?  
Please describe briefly.

WHAT STRENGTHS DO YOU VALUE IN THE OTHER PARENT AS A PARENT? DO YOU BELIEVE THE CHILDREN LOVE THE OTHER PARENT? YES NO OTHER, write in\_

DO YOU BELIEVE THE CHILDREN CAN COUNT ON THE OTHER PARENT?  
YES MOST OF THE TIME NOT OFTEN NO

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WHAT BEHAVIOR OR ATTITUDE EXHIBITED BY THE OTHER PARENT SEEMS TO CAUSE THE MOST DIFFICULTLY FOR YOU AS A PARENT OR FOR A CHILD?

WHAT BEHAVIORS DO YOUR CHILDREN HAVE THAT ARE TROUBLESOME OR DISRUPTIVE? Please give a separate answer for each child.

1.

3.

**FAMILY HISTORY .**

First name Of Partner	Year Married-	Year Separated-	Year Divorced	Number of Children	No marriage-Year Started Living Together	Separated	Number of Children

Name of Child and Year of Birth	First Name of other parent	Marital Status at time of child's birth-please circle
		<i>married   separated   living together   single</i>
		<i>married   separated   living together   single</i>
		<i>married   separated   living together   single</i>
		<i>married   separated   living together   single</i>

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS OR DISPLAY SIGNS OF ANXIETY, DEPRESSION, DANGEROUS OR UNCHARACTERISTIC BEHAVIORS?

EVEN IF YOUR CHILD DISPLAYS NO OUTWARD SIGNS OF DISTRESS, DO YOU HAVE CONCERNS?

WHO MADE THE DECISION TO SEPARATE OR DIVORCE ? *(Circle your answer)*

*More my idea*

*More my partners idea*

*By mutual agreement*

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ARE YOU DATING OR LIVING WITH SOMEONE? (Please circle as many as apply) *Not Dating* *Dating*

*Dating one person steadily*      *In a committed relationship*      *Engaged*      *Living with someone*

HAVE YOU REMARRIED?    NO      YES, SPOUSE'S NAME IS \_\_\_\_\_  
 DATE OF MARRIAGE? \_\_\_\_\_  
 STEPCCHILDREN? *No Yes, Names and ages-(Please write on separate page)*  
 CHILDREN BY THIS MARRIAGE? *No Yes. (Please write on separate page)*

**YOUR TIME WITH YOUR CHILD NOW**

ARE YOU LIVING WITH THE OTHER PARENT NOW? YES    NO    IF NO, Please describe the current arrangement briefly below:

A. Current Arrangement

School week? \_\_\_\_\_ ;  
 Weekends? \_\_\_\_\_  
 Holidays? \_\_\_\_\_  
 Summer vacations? \_\_\_\_\_  
 Children's activities—your involvement? \_\_\_\_\_

Child care-hours of the week, where, with whom? \_

B. How do you and the other parent make important decisions now for your child about medical care, schooling, or religion?

(circle as many as apply)

- *We discuss most or all important decisions*
- *We divide the decision making depending what it might be (example: one parent handles medical, another education)*
- *One of us (mother? father?) makes most of the decisions*
- *We don't often discuss decisions*
- *We find it hard to discuss these things*
- *We have not decided as yet*
- *Other, please write in \_\_\_\_\_*

C. If a medical or family emergency arises, can you get in touch with the other parent easily? NO YES  
 IF NO, what stands in the way?

D. How would you rate your co-parenting relationship now? (Circle as many as apply)

- *We respect one another and our roles as parents*
- *We do a good job discussing our children's needs*
- *We find it difficult to talk with one another about the children (circle one answer)*  
*Almost always    Often    Sometimes    Not Usually    Rarely or Never*
- *We avoid talking to one another about most things*
- *We use text messaging and e-mail to keep informed*
- *We just stick to the court order (or Parenting Plan)*
- *We can discuss things and usually be flexible when needed.*
- *Other, please write in \_\_\_\_\_*
- Overall, how would you rate the level of conflict between you and the other parent over the last month? (Circle one number)

*Lowest Conflict*

1    2    3    4    5    6    7    8    9

*Highest Conflict*

10

