

Benjamin Albritton, Psy.D., P.C.
8411 Preston Road #675
Dallas, Texas 75225

PARENTING INFORMATION

Name _____ Cell Phone (____) _____

Home Address _____ Home Phone :(____) _____

Business Address _____ Business Phone (____) _____

Age ____ Preferred Contact Email Address _____

Occupation _____ Education _____ Current Marital Status _____

Other adults living in the home _____

Children/step children:
Name Age Grade/school Natural Step

Length of Marriage _____ Length of Separation _____

Who referred you to this program? _____

Legal Agreement (attach copy) Court Order Rule Agreement Other (Explain)

Your Attorney _____ Firm _____

Address _____ Phone (____) _____ Fax (____) _____

Your Attorney's Legal Assistant _____ Phone _____

Current Conservator Arrangements _____ Temporary Permanent

Visitation Schedule _____

Since your initial court appearances, have you been back to court? _____

How many times? _____

Date of Next Scheduled Court Appearance (If Any) _____

Have you had a Social Study Psychological Evaluation? (Please provide a copy if checked)

Have you noticed new negative behavior from your child/ren since the divorce?

If so, explain _____

List current psychotropic medications for yourself and/or child/ren _____

Drug/Alcohol Usage (frequency, amount) _____

Have you been convicted of a crime other than a minor traffic violation?
(Explain) _____

History of domestic violence Allegations of physical, emotional or sexual abuse

Child Protective Services has been involved with your family at any point in the past?

Has anyone ever suggested that you or your spouse is suicidal? _____

You or the co-parent subject to a protective order (Attach a copy)

Concerns regarding your co-parent as it pertains to your child/ren _____

Behaviors by you or your co-parent which cause concern or require attention.

What are your goals in participating in the program? _____

What challenges do you foresee in co-parenting? _____

RELEASE OF INFORMATION

Benjamin J. Albritton, Psy.D. may have contact with any individual or professional party deemed necessary to effectively work with our family. I grant Benjamin J. Albritton, Psy.D. the right to receive information from the persons named on this form. Any additions to this list will require notification prior to making contact. I understand this release may be canceled by written notice at any time

	Name	Phone Number
Judge	_____	_____
Attorney	_____	_____
Guardian ad Litem/Amicus Attorney	_____	_____
Social Study Evaluator	_____	_____
Psychological Evaluator	_____	_____
Psychotherapist	_____	_____
Child's Psychotherapist	_____	_____
Child's Teacher/School	_____	_____
Child's Teacher/School	_____	_____
Child's Teacher/School	_____	_____
Other	_____	_____

Parent Name-Print

_____ Date _____