

**EARLY NEUTRAL EVALUATION (ENE) PROGRAM
INTAKE FORM**

The following information is necessary for us to initiate our service to you. Please carefully print your responses to all of the questions below.

INFORMATION ABOUT YOU

Name _____
First Full Middle Last

Address _____
Street Apt. # City State Zip Code

Date of Birth _____ **Age** _____

Phone Numbers: Home _____ Cell _____ Work _____

E-Mail _____

List All Previous Name(s) _____

Date of Marriage _____ **Date of Divorce/Separation** _____

INFORMATION ABOUT YOUR EMPLOYMENT

Employer Name _____

Job Title _____ **Work Hours** _____

Gross Annual Income from all sources _____

INFORMATION ABOUT YOUR CHILD(REN)

Name of Child(ren) *(use back of form for additional child(ren)):*

Name _____ Sex _____ DOB _____ Age _____ Lives with _____

Name _____ Sex _____ DOB _____ Age _____ Lives with _____

Name _____ Sex _____ DOB _____ Age _____ Lives with _____

Name _____ Sex _____ DOB _____ Age _____ Lives with _____

Name _____ Sex _____ DOB _____ Age _____ Lives with _____

Other Child(ren) of Either Party *(use back of form for additional child(ren)):*

Name _____ Sex _____ DOB _____ Age _____ Lives with _____

Name _____ Sex _____ DOB _____ Age _____ Lives with _____

INFORMATION ABOUT OTHER COURT ORDERS

Is there a current court order prohibiting contact between each party? ____ Yes ____ No
(Check all that apply.):

- Harassment Restraining Order (HRO). Date of order _____
- Domestic Abuse Order for Protection (OFP). Date of order _____
- No Contact Order or other court order. Date of order _____
- Other court order prohibiting contact with the other party: _____

(If you checked any of the boxes above, you must attach a copy of the Order.)

Have you been or are you now afraid of your spouse? ____ Yes ____ No

If yes, please explain: _____

(You will be allowed to discuss this in the ENE session, should you choose.)

INFORMATION ABOUT YOUR ATTORNEY

Attorney's Name _____ **Phone** _____

Attorney's Address _____

Fax Number _____ **E-Mail** _____

INTERPRETER

Is an interpreter needed? ____ Yes ____ No

Language _____

GUARDIAN AD LITEM

Are you working with a Guardian ad Litem (GAL)? ____ Yes ____ No

If yes, Name of Guardian ad Litem _____

GAL Address _____

Phone # _____ **Fax #** _____ **E-Mail** _____

FOR OFFICE USE ONLY

INTAKE DATE _____ **INTAKE BY** _____

Name of Judicial Officer _____

Court File No. _____

Miscellaneous Notes: