

**INTAKE INTERVIEW (ID:) () Spent time / () Live with parent,
Child/ren Names: 1. 2. 3.**

CHANGE OVER REQUEST

Frequency (Circle) Weekly _____

SUPERVISED VISIT REQUEST

Frequency (Circle) Weekly Fortnightly Other _____

Are there any issues that could affect scheduling requests? For example, nap times, transport, school, sport.

PARENT INFORMATION: Personal and Contact Details

First Name _____ Surname _____

Residential/Postal address _____

Email _____ Driver's License # _____ Car Registration _____

Telephone Home _____ Work _____ Mobile _____

Emergency Contacts: Name: _____
Telephone: _____ Work: _____

Surname: _____
Mobile _____

Relationship to Child/ren. _____ Authorised to collect Child/ren Yes

Relationship History

Relationship to other party Separated Divorced Ex – defacto Other

Length of relationship _____ Date of separation _____

Are you in a new relationship? Yes No If yes, status of relationship _____

Family Violence

Did harm, violence or intimidation ever occur in the relationship? Yes No

If yes, indicate Emotional/Psychological Financial Physical Sexual Other
Describe _____

Has there been harm, violence or intimidation since the separation? Yes No
Describe _____

Have threats ever been made to abduct the child/ren? Yes No
Describe _____not at this stage

Are there any current protection orders? Yes No

Is this the first protection order? Yes No

Has any order (current or previous) ever been breached? Yes No
Describe _____

What conditions apply to the order? _____

Are you identified on the order as the aggrieved party? Yes No

Are you identified on the order as the respondent? Yes No

Cross Application (both aggrieved and respondent) Yes No

Additional details _____

Health

Have you experienced any of the following conditions?

Drug or alcohol misuse Yes

Mental illness (diagnosed) Yes No

Communicable diseases (e.g. Hepatitis B or C, HIV) Yes No

Have you ever been assessed as having any kind of disability or special needs? Yes No

Describe _____

Are there any religious/cultural/family traditions that you would like us to be aware of? Yes No

LEGAL INFORMATION**Dispute Resolution History**

Have the parties engaged in mediation / dispute resolution processes? Yes No

Is there a Parenting Plan in place? Yes No

Is this Parenting Plan a Consent Order Yes No

Additional _____ details____ Order

Family Law

Are there current court orders for contact? Yes No

If yes, are these orders: Interim

Are there proceedings pending? Yes No

Schedule Court dates _____

Legal Representation

Name _____ Legal Firm _____ Phone _____

Is there a court appointed Independent Children's Lawyer? Yes No

Name _____ Legal Firm _____ Phone _____

Criminal History

Have you been convicted of any criminal offences? Yes No

Are you licensed to have weapons? Yes No

Details _____

Child Protection

Have Child Safety Services investigated any matter regarding this child?

Yes No If yes, details _____ Report made to CS but no response

Are there any current intervention orders? Yes No

Details _____

Have there been intervention orders taken out in the past? Yes No

Details _____

OTHER SERVICES. If you require assistance to access a support service relevant to your needs please ask a MCCS staff member for information.

Office Use Only Interviewer's Case Note Summary:

Name of staff member completing intake interview:

Signature:

Date: / /2020

MACKAY CHILDREN'S CONTACT SERVICE INC

CHILD INFORMATION INTAKE FORM

**Information Provided by Mother..... Father..... Family member.....
(please circle)**

CHILD/REN DETAILS

First Name	Surname	Gender	Date of Birth

(are there any other siblings or members who may be attending Yes No)

BASIC FAMILY GENOGRAM

Does any of the children have health conditions, developmental issues or special needs that we need to be aware of?

Yes No **If yes, circle as applicable.** Epilepsy Physical Impairment Diabetes
Asthma Intellectual/Developmental. Impairment Heart Condition Allergies Behavioral
Concerns Special Dietary Needs Bladder/Bowel

Please outline any special requirements in relation to identified health issues.

What do the child/ren call their other parent? _____

When was the last time the child spent time with their other parent? (Date and nature of contact)

Do you think the child/ren will feel have any fears or anxiety about contact with their other parent? If yes, describe. _____

What sort of play and toys/equipment do the child/re) enjoy? Favorite games or activities?

Have you had any separation issues with any of the child/ren previously?

What strategies are most effective for settling the children

_____?

Does (any of) your child/ren have any needs? For example, toilet training or behaviour issues.

Are there any other significant people in the child/ren's life that they may mention? _____

Is there any other information that may impact on your child/ren's use of the service?

Office Use Only

Name of staff member completing interview:

Date: