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## FORENSIC COUNSELING SERVICES

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### PARENTING FACILITATION DATA FORM

*Please fill this form out completely. You are responsible for providing updates if any information changes.*

Your Name: \_\_\_\_\_  
Last First Middle Maiden/Other names by which you are known

Present Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

Telephone Numbers: \_\_\_\_\_  
Home Work Cel Fax

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
Number/State

Your relationship to the children in question:  Biological Parent  Grandparent  Stepparent  Other: \_\_\_\_\_

Your Attorney's Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is there an Ad Litem or Amicus Attorney assigned?  Yes  No If yes, who? \_\_\_\_\_

#### Medical History

If any adult involved in the case is taking prescription medication, has any physical disability, chronic medical condition or has received psychiatric, psychological, or other behavioral health treatment, evaluation, or counseling please complete the following information (use additional pages as needed):

Person	Provider's Name and Address	Telephone	Dates of Treatment

List any prescription medications you currently take: \_\_\_\_\_

Does anyone involved in the case have a history of, or been treated for drug or alcohol abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

**Children:** *List the child or children involved in the court action. Use additional pages if needed.*

Name	Age	Date of Birth	Current allocation of time between parents:

**Children's Medical Information**

Name, address, and telephone number of the children's primary physician:

\_\_\_\_\_

Have any of the children in question been treated for a current or chronic health problem?  Yes  No

If yes for what condition and by who? \_\_\_\_\_

Have any of the children received any behavioral/mental health counseling or treatment?  Yes  No

If yes for what condition and by who? \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

**Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the above sections of this form?**  Yes  No

If yes, give their names and ages: \_\_\_\_\_

### **Criminal History**

Have you or any other person involved in the case been arrested, convicted of a felony or misdemeanor, or do they have a police or criminal action pending?  Yes  No

If yes, please explain: \_\_\_\_\_

Is any person involved in the case on probation or parole?  Yes  No

If yes, explain and provide the name, address and telephone number of the probation or parole officer:

Has a protective order been issued against any person involved in the case?  Yes  No

If yes, please explain: \_\_\_\_\_

### **Family Violence**

Has there been violence in your relationship?  Yes  No

If yes how often and over what period of time? \_\_\_\_\_

Has there been violence or neglect involving the children?  Yes  No

If yes how often and over what period of time? \_\_\_\_\_

Has anyone involved in this case ever been involved with Child Protective Services?  Yes  No

If so, when and in what county? \_\_\_\_\_

### **Other Information**

Please provide copies of any pertinent court orders or other reports. These may include child custody evaluations, affidavits, records regarding either parent, records regarding the children, correspondence, prior assessments, and other relevant information.