

PARENTING PLAN COORDINATOR INTAKE

BASIC INFORMATION:

Your Name _____ Date ____/____/____

Home Address (including zip code): _____ Email Address: _____

Home # (_____) _____ Work # (_____) _____

Cell # (_____) _____ Fax # (_____) _____

Birth Date ____/____/____

OTHER PROFESSIONALS CURRENTLY INVOLVED IN CASE

Atty 1 _____

Atty 2 _____

Psychotherapists: _____

FAMILY COMPOSITION: (List other family members)

Name	Age	Birth Date	Birth Place	Occupation or Current School
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Client Information for Billing

Your Name: _____

PPC's Name: _____

Hourly Fee: \$ _____ Date of First Session: _____ / _____ / _____

Send Monthly Statement? Yes No

Person or Persons Responsible for Payment:

Name: _____ % _____ Name: _____ % _____

Special Billing Instructions or Arrangements (e.g. alternate address):

In addition to the Deposit for the PPC process, we require a valid credit card on file for payment of fees after the first \$3,000.00 of the deposit is used. Please provide your credit card information below. Your card will be charged automatically at the end of each month for services rendered which have not been paid.

I, the undersigned, have read the above fee policies and procedures and agree to abide by them. I agree to authorize payment for any fees outstanding at the end of any month on the following credit card (Master Card or Visa):

Credit Card Number _____ Expiration Date _____

Name (printed) _____ Name (signed) _____