

# The Heart of Texas Forensic Counseling Center, PLLC

Shana R. Mercer, M.Ed., LPC-S  
350 Pine Street, Ste. 760  
Beaumont, TX 77701  
(409) 223-1433

## 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 Cell 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/Behavioral Health 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: \_\_\_\_\_

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Has anyone involved in the case consumed alcohol or used illegal substances in the past year?  Yes  No

If yes, what have you used: \_\_\_\_\_ frequency: \_\_\_\_\_ per \_\_\_\_\_ amount: \_\_\_\_\_

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**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:

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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: \_\_\_\_\_

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

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

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**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: \_\_\_\_\_

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**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 what county? \_\_\_\_\_ Reason: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

**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.

## CONSIDERATIONS

1. Parenting coordination/facilitation often occurs with both parents in the same room together. Do you have any concerns being in the same room with your coparent?  Yes  No  
If yes, what concerns? \_\_\_\_\_  
Are these concerns reduced if a professional is in the room at all times?  Yes  No
2. Have the police ever been involved with you and/or your coparent?  Yes  No  
If yes, please explain? \_\_\_\_\_
3. Have you been involved in more than one relationship where verbal, emotional, or physical abuse occurred?  Yes  No  
If yes, please explain? \_\_\_\_\_
4. Are you psychologically intimidated by your coparent?  Yes  No  
If yes, what intimidates you? \_\_\_\_\_
5. Are you physically intimidated by your coparent?  Yes  No  
If yes, what intimidates you? \_\_\_\_\_
6. Are you afraid of your coparent for any reason?  Yes  No  
If yes, what makes you fearful? \_\_\_\_\_
7. Have you ever applied for a protective order?  Yes  No  
If yes, what was the outcome? \_\_\_\_\_
8. Has drug or alcohol use been a problem for you?  Yes  No  
For your coparent?  Yes  No  
If yes to either, please explain: \_\_\_\_\_
9. Have you ever experienced any of the following from your coparent?  
Verbal Abuse:  Yes  No    Emotional Abuse:  Yes  No    Physical Abuse:  Yes  No
10. On a scale of 1 to 10 what best describes your level of concern for your physical safety when your coparent is present?  
*NOT CONCERNED AT ALL* *EXTREMELY CONCERNED*  
1            2            3            4            5            6            7            8            9            10
11. Have you ever threatened to harm yourself or to commit suicide?  Yes  No  
If yes, did you attempt self-harm?  Yes  No    Were you hospitalized?  Yes  No
12. Has your coparent ever threatened to harm them self or to commit suicide?  Yes  No  
If yes, did he/she attempt self-harm?  Yes  No    Was he/she hospitalized?  Yes  No
13. Have you ever threatened to hide or withhold the children?  Yes  No

14. Has your coparent ever threatened to hide or withhold the children?  Yes  No

## RELATIONSHIP HISTORY

List all intimate relationships (starting with the most recent) **including** or since meeting your coparent. Relationships are defined as anyone you were intimate with, dated, lived with, conceived a child with, or married including your coparent.

1. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Circle all that apply)?      Marry      Live With      Date      Only Sexual  
If you lived together, list duration:      From: \_\_\_\_\_ To: \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship:  Yes  No  
Was your child(ren) introduced to this person?  Yes  No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first?  Yes  No  
If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Circle all that apply)?      Marry      Live With      Date      Only Sexual  
If you lived together, list duration:      From: \_\_\_\_\_ To: \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship:  Yes  No  
Was your child(ren) introduced to this person?  Yes  No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first?  Yes  No  
If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

(PLEASE LIST OTHERS BY DUPLICATING THIS PAGE)

**Issues**

Briefly summarize your concerns regarding your coparent as it pertains to your children. Please use only the space provided no smaller than 12-point font if typed:

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Mark with an “**R**” those behaviors you have participated in within the last six months and use “**P**” for behaviors you have participated in during the past:

- I withheld coparenting information such as child out of town, professional appointments, etc. in a timely manner or at all
- I have insisted on following the portion of the order addressing the detailed schedule between the homes rather than encouraging the part of the order which addresses, “failing mutual agreement.”
- I have shared adult, legal, or other inappropriate information with our child regarding this case
- I have made negative comments to our child about my coparent
- I have made negative comments to other people in the hearing range of our child regarding my coparent
- I have made negative comments to our child or in the presence of our child regarding the child’s other family members
- I have made negative comments to our child or in the presence of our child regarding my coparent’s intimate relationships
- I have allowed friends, family, or others to talk negatively about my coparent in the presence of our child
- I ask others to watch our child before asking my coparent
- I have encouraged our child to love me more than my coparent or told our child I love them more than my coparent does
- I have discussed the current legal situation and/or dispute with our child
- I do not allow our child to carry his/her/their belongings between their two homes
- I have used words such as custody, visitation, or possession in discussing our child with others
- I have used words such as custody, visitation, or possession in the presence of our child
- I have blamed my coparent for the separation or the conflict in the presence of our child
- I have let our child decide whether to spend time with his/her other parent or not
- I have attempted to interrupt or block our child's physical time with his/her other parent
- I have attempted to interrupt or block our child's phone or email contact with his/her other parent
- I have not made our child return my coparent’s call before bedtime on the same day as the missed call

- \_\_\_\_\_ I have asked our child where they "want to live" or "what schedule they want"
- \_\_\_\_\_ I have made plans with our child that involve my coparent's parenting time without receiving his/her consent
- \_\_\_\_\_ I have gathered information from our child(ren) about what occurs during my coparent's parenting time
- \_\_\_\_\_ I have shared with our child's teachers, coaches, tutors, child care, or doctors my concerns/frustrations regarding my coparent
- \_\_\_\_\_ I undermined my co-parent's decision making in regard to our child
- \_\_\_\_\_ I have discussed child support with our child
- \_\_\_\_\_ I have moved, or have attempted to move, our child more than 30 miles from our child's other home
- \_\_\_\_\_ I have asked, encouraged, and/or facilitated our child to keep secrets from my coparent
- \_\_\_\_\_ I have refused to take our child to extracurricular activities or interfered in our child's ability to participate in these activities
- \_\_\_\_\_ I do not facilitate our child in spending time with his/her friends living near their other household during my parenting time
- \_\_\_\_\_ I have encouraged our child to view my coparent's religious beliefs as wrong beliefs
- \_\_\_\_\_ I have told our child "I miss you," "I'm going to miss you," or "I missed you" before, during, or after my coparent's parenting time
- \_\_\_\_\_ I have facilitated replacing my coparent's relationship with our child with my current or a past relationship
- \_\_\_\_\_ I do not walk up to the doorstep of our child's other home when it is time to exchange at the other home
- \_\_\_\_\_ I have given our child a cell phone or other communication device without the permission of my coparent
- \_\_\_\_\_ I have others such as grandparents, my spouse, my paramour, my older child take on my responsibilities such as exchanges
- \_\_\_\_\_ I have others such as grandparents, my spouse, my paramour, my older child take our child to appointments rather than offering my coparent the option first
- \_\_\_\_\_ Our child does not have a visibly displayed picture of his/her other parent in his/her room in their house with me

Directions: Mark the behaviors you believe your coparent has participated in. Use a "P" in indicate past behaviors and an "R" for recent (in the past 6 months) or current behaviors.

My coparent:

- \_\_\_\_\_ 1. has repeated negative comments about me to our child
- \_\_\_\_\_ 2. has used terms like "adulterous," "abandoner" to describe me to our child
- \_\_\_\_\_ 3. has distorted the "truth" when speaking to our child
- \_\_\_\_\_ 4. has shared divorce and other adult information with our child
- \_\_\_\_\_ 5. has insisted that our child cannot bring me into the house
- \_\_\_\_\_ 6. has destroyed items in the home that remind them of me, has removed or destroyed pictures of me and my relatives
- \_\_\_\_\_ 7. has used "us" language when discussing the conflict with our child, implying that my behaviors with the coparent have been "done" to our child also. For example: "Your father has left us." Or "Your mother will try to hurt us in court." "He will not give us any money," "Your mother has abandoned the family."
- \_\_\_\_\_ 8. has exaggerated my problems. For example, one time not notifying them of an appointment is

reported as NEVER.

- 9. has implied that I may be dangerous in some way, creating anxiety for our child
- 10. has interrupted my parenting time with our child by calling or texting frequently or planning our time
- 11. has made negative comments, used negative body language and sighs at transfers to imply that they are unhappy about our child leaving them or to make me look bad. For example, "I'll get into trouble if you do not go. Try to have a good time. I'll be here waiting for you."
- 12. has attempted to make our child feel guilty about time spent with me or loving me
- 13. has attempted to create a belief that he/she is the good parent and I am the bad parent
- 14. has used the answering machine to screen calls, my calls are rarely returned, and our child is unaware of my attempts to reach our child
- 15. has used other people to care for our child rather than give me extra time
- 16. has gathered information from our child to find out information about me
- 17. has blocked midweek visits by stating that "our child needs continuity"
- 18. has been rigid regarding our child's schedule, if I am unable to see our child the coparent will not allow me to make up my time
- 19. has refused to open the door if I arrive early and has left early if I am running late
- 20. has threaten to withhold visitation
- 21. has threatened to take me back to court
- 22. has threatened to move away as a means of blocking my access to our child
- 23. has refused to let me pick up our child if our child is ill
- 24. has used sarcasm when speaking to me in front of our child
- 25. has refused to send copies of school reports, photos and records without being asked
- 26. has failed to inform me of school conferences, well checkups, doctor's appointments, etc.
- 27. hasn't created a loyalty bond for our child by refusing to attend activities that I am planning to attend
- 28. has labeled my attempts to speak with them as "harassment"
- 29. has taken our child to therapy and refused to include me or to allow me to get information
- 30. has asked our child to keep secrets from me
- 31. has asked our child to spy on me for him/her
- 32. has expressed neutrality regarding visitation by telling our child things like, "If you choose to go I will respect your decision." He/she repeatedly insist that our child should be the one to decide if he/she will go for visitation.
- 33. has used guilt to manipulate our child. "How can you leave your poor old parent?"
- 34. has made negative comments about me in front of our child and then said, "I'm just kidding"
- 35. has openly blamed me for our failed marriage
- 36. has openly stated to our child that they were never happy in the marriage
- 37. has implied that our child has "Separation Anxiety" when it is time for my parenting time, yet our child does not have any anxiety about spending the night at a friend's home
- 38. has refused to consider that our child has two homes and refers to their home as our child's only "real" home
- 39. has used religion as an alienating maneuver by telling our child that I am a sinner or that I will need to be prayed for
- 40. has tried to replace my relationship with the child with their current relationship
- 41. other:

Mother's behavior only:

- 42. has encouraged our child to use a hyphenated last name that includes her maiden name or encouraged our child to use her new married name.



## CHILD ASSESSMENT

Directions: Please make a copy of this assessment for each of your children.

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

1. How old was your child when you first separated?

2. When was your child told about the separation?

A month or more before

A few weeks before

A week before

A day or less

3. Who told your child about the separation?

Mother

Father

Parents Together

Parents Separately

Other

4. How was the separation explained to the child?

5. Did either parent blame the other for the separation to the children?  Yes  No If so, Who?

6. How did your child react to the news of the separation?

7. Mark each of the changes your child has experienced since the separation

\_\_\_\_ loss of a home (change in homes)

\_\_\_\_ loss of step siblings

\_\_\_\_ loss of step parents

\_\_\_\_ loss of contact with one parent

\_\_\_\_ loss of a pet

\_\_\_\_ loss of activities due to finances

\_\_\_\_ loss of friends

\_\_\_\_ loss of other relative(s)

\_\_\_\_ change of schools

8. Additional changes:

\_\_\_\_ one parent remarriage

\_\_\_\_ more than one move

\_\_\_\_ "at home" parent goes to work

\_\_\_\_ both parents remarry

\_\_\_\_ new siblings or step siblings

\_\_\_\_ started a new school

Other changes/losses: \_\_\_\_\_

9. Explain your child's adjustment to the separation, divorce, or conflict

10. Has your child adjusted to the two-home schedule?  Yes  No

11. Circle any "transitional behaviors" your child may exhibit when they return from the other house

Tearfulness

Clingy

Demanding

Withdrawn

Eating Problems

Sleep Problems

Discipline Problems

Angry Outbursts

Irritable

Other: \_\_\_\_\_

12. Circle the usual recovery time needed by your child before they are resettled.

A few minutes

About 30 minutes

About an hour

Several hours

Several days

Full day

13. Does your child seem to be manipulating you or the coparent?  Yes  No If so, explain.

**TWO HOME ISSUES**

Mark on this continuum your discipline or management style with an "S" for self and place "CP" to represent the coparent's style.

Minimal limits  
No consequences

Maximum limits  
Corporal Punishment

Please circle a number to rate the consistency regarding rules and consequences between the two homes?

1 2 3 4 5

Very similar Very different

Two united homes Mom's House vs. Dad's House

Where, when and how do the exchanges of the child(ren) occur:

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Describe the child(ren)'s current schedule between their two homes:

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Describe the current holiday schedule between homes:

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How is the child(ren)'s property exchanged?

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What phone/internet/text communications is your child(ren) and their other parent allowed during your parenting time?

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What is the distance in miles between homes? \_\_\_\_\_

Description of any current restraining orders or parole conditions currently in effect:

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Does your order restrict when and how exchanges of the children occur?  Yes  No If yes, please explain.

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Have the police ever been called during exchanges?  Yes  No If yes, please provide details:

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### **COPARENTING ASSESSMENT**

1. If things in your coparenting relationship continue as they are now, what will your child(ren)'s memories be of how his/her/their parents worked together in their best interest?

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2. On a scale of 1 to 10, where would you rate your coparenting relationship right now?

|                   |   |   |   |   |   |   |   |   |                |
|-------------------|---|---|---|---|---|---|---|---|----------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10             |
| highly conflicted |   |   |   |   |   |   |   |   | extremely good |

3. What do you want to change about the relationship? \_\_\_\_\_

4. What actions have you tried in the past to control the conflict? \_\_\_\_\_

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5. What actions have worked? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Based on what has occurred since the separation, what do you think your child's best memory of your coparenting relationship will be? (A specific incident)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Based on what has occurred since the separation, what do you think your child's worst memory of your coparenting relationship will be? (A specific incident)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_