



Program offered by Kawartha Family Court Assessment Service

Client Information Form

This document is confidential and will only be seen by an administrative staff with KFCAS for the purpose of assigning your case, and your NWFF[®] counsellor. Client information will be stored by KFCAS in a secure file.

Completed forms can be emailed to info@kfcas.ca or faxed to 705-748-4149

NAME: _____

ADDRESS: _____

CONTACT INFORMATION:

Cell #: _____

Home#: _____

Email: _____

DATE OF BIRTH (D/M/Y): _____

EMPLOYER: _____

OTHER PARTY: (former spouse or partner)

NAME: _____

DATE OF BIRTH (D/M/Y): _____

EMPLOYER: _____

Are there any reasons that prevent you from communicating directly or indirectly with this person?

Yes No

Did you and the other party ever live together? Yes No

When did you begin living together? _____

What was your date of marriage? (if married) _____

When did you last separate? _____

Your children with this former spouse/partner:

Name: _____	Date of Birth _____	Living with: _____
Name: _____	Date of Birth _____	Living with: _____
Name: _____	Date of Birth _____	Living with: _____
Name: _____	Date of Birth _____	Living with: _____

Your children with other spouses/partners:

Name: _____	Date of Birth _____	Living with: _____
Name: _____	Date of Birth _____	Living with: _____
Name: _____	Date of Birth _____	Living with: _____
Name: _____	Date of Birth _____	Living with: _____

What are your current parenting schedule and custody arrangements?

Please provide a brief history of your marriage/relationship.

(major events such as addition of children, deaths in the family, illnesses, residential moves, career changes, education, etc.)

In your view, why did your relationship end?

Are you afraid of your former partner/spouse? If so, why?

Yes No

Please explain any safety concerns that NWFF[®] counsellor needs to be aware of?

Are you in a new relationship? Yes No

Name of new partner? _____

If yes, since when? _____

Are you living with that person? _____

If yes, since when? _____

Does that person have children? _____

Would you like this person to participate in the NWFF[®] program? Yes No

Do you have a lawyer? Yes No

Your lawyer's name: _____

Name of other party's lawyer, if known: _____

Is there currently court action started? Yes No

If so, what stage are court proceedings at? _____

When is the next court date? _____

Do you have a parenting plan/custody & access order? Yes No

(If so, please share a copy with your NWFF® counsellor)

Have the police ever been involved with your family? If so, please provide details?

Yes No

Has Children's Aid Society ever been involved with your family? If so, please provide details?

Yes No

What, if any, services are you, your children or former partner currently involved with?
(ie. Counselling ,addictions services, mental health supports)

Has there been any court connected services involved with your family, if so why and when?
(i.e. mediation, parenting assessment, OCL)

Yes No

Date: _____

Signature: _____