

**Parenting Coordination Inquiry Form**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | You | Other parent |
| Full legal name |  |  |
| Maiden/other names used |  |  |
| Name of new spouse or partner |  |  |
| Attorney name |  |  |
| Current county of residence |  |  |
| Best contact information: text, phone or email |  |  |
| Age/s of child/ren involved |  | |
| Is any child refusing contact with a parent? |  | |
| Does any child have a therapist? |  | |
| Date of final decree |  | |
| Date of post-decree court orders |  | |
| Has a parenting coordinator been ordered by the court?  If so, please list |  | |

**Please submit this form by email to** [**diane@iaccj.org**](mailto:sherry@iaccj.org)**.**   
*Iowa Center for Children’s Justice only: Conflict check \_\_\_\_\_\_\_\_\_\_\_\_\_\_*