



Calvary Counseling Center Use Only	
Date of Intake	_____
Directions Sent	_____
Confirmation Sent	_____
Payment Received	_____
Amount Received	_____

HOPE - Court Approved Parent Class Intake

Full Name: _____

Class Date: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone Number (H) _____

(W) _____

Email Address: _____

(C) _____

County of Court Case: _____

Date of Next Court Appearance: _____

Type of Court Case (circle all that apply): Divorce Custody Support Visitation Other: _____

Current Marital Status: Never Married Married Separated (pending divorce) Divorced

Ages of children involved: _____ Children live with: _____

Is the other parent involved in court classes? Yes or No

If yes, do you want to be in the same class? _____

If no, co-parent's name: _____

Is or was there domestic violence in the home? Yes or No

If yes, please explain: _____

Please tell us what difficult issues you or your children face as a result of your situation:

When must your class be completed? _____

How did you find out about the HOPE class? Court Attorney Mediator CPS Social Worker

Brochure Other: _____

Do you feel that you need any other counseling services? Yes or No

If yes, please explain: _____

Office Use Only:

Method of Payment: Cash