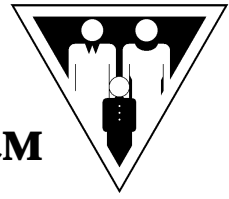


Please return form in the self-addressed envelope provided, or to:
450 So. State; P.O. Box 140241; Salt Lake City, Utah 84114-0241 or FAX (801) 578-3843



CO-PARENTING SCREENING INTAKE FORM

I. IDENTIFYING INFORMATION — *(personal information will be kept confidential)*

FULL NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
STREET ADDRESS OR P.O BOX APT. #

City State ZIP

DATE OF BIRTH: _____

Home Phone: _____ Work Phone: _____ Cell: _____

EMAIL ADDRESS: _____

Attorney's Name: _____

CONTACT PERSON: _____
Name Phone Number

Address City State ZIP

II. CHILDREN (Involved in this Action)

Name	Date of Birth
_____	_____
_____	_____
_____	_____

III. DEMOGRAPHIC INFORMATION

Race/Ethnicity (Please Check Only One)

- American Indian or Alaskan Native
- Asian American
- Black/African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races

Approximate Annual Income

- Less Than \$10,000
- \$10,000 - \$19,000
- \$20,000 - \$29,000
- \$30,000 - \$39,000
- \$40,000 And Above

