

WRIGHT COUNTY ENE PROGRAM INTAKE FORM

Please print your responses to all of the questions below and provide a copy of this form to the providers listed in your ENE Order at least 5 days prior to your scheduled ENE. The form may be sent via email, fax or mail to the providers listed in your ENE Order.

Your Name: _____
First Full Middle Last

Your Address: _____
Street Apt. # City State Zip Code Email

Your Employer Name: _____ **Days/Hours Worked:** _____

Is there a current court order prohibiting contact between parties? ___ Yes ___ No (Check all that apply):
 Harassment Restraining Order (HRO) Date of Order: _____
 Domestic Abuse Order for Protection (OFP) Date of Order: _____
 No Contact or other court order. Date of Order: _____
 Other court order prohibiting contact with the other party: _____

(If you checked any of the boxes above, you must attach a copy of the Order)

Have you been or are you now afraid of the other party? _____ Yes _____ No
If yes, please explain: _____

Attorney Info: Name: _____ Address: _____
Phone: _____ Email: _____ Hourly Rate: _____

STOP HERE IF FINANCIAL ISSUES ONLY – CONTINUE IF CUSTODY/PARENTING TIME ISSUES

Name of your Child(ren) with the other Party (Use back of form for additional child(ren)).

Name: _____ Sex: _____ DOB: _____ Lives With: _____
Name: _____ Sex: _____ DOB: _____ Lives With: _____
Name: _____ Sex: _____ DOB: _____ Lives With: _____

Other Child(ren) of Either Party: (Use the back of form for additional child(ren)).

Name: _____ Sex: _____ DOB: _____ Lives With: _____
Name: _____ Sex: _____ DOB: _____ Lives With: _____
Name: _____ Sex: _____ DOB: _____ Lives With: _____

Do any of the children of this relationship have special needs? **Yes No** If yes, which child(ren) and why?

Are there any agreements regarding legal custody, physical custody or parenting time of the children? **Yes No** If yes, what are the agreements _____

What, if any, are the current parenting time (visitation) arrangements for the children? _____
