

Application for Collaborative Services

Client Name:		Today's Date:	
Gender	Pronouns	Age:	Completed by:
Address:			
City:		State:	Zip:
County/Jurisdiction:		Court Case Number:	
Phone #:		Email:	
Best Way/Time to be Reached:			
Spouse/Co-Parent name:		Gender	Pronouns
Address:		Spouse/Co-parent Age:	
City:		State:	Zip:
Phone #:		Email:	
Best Way/Time to be Reached:			
Number of Household Members:		How many children?	
Your Children's names (or genders) and ages:			
Name, gender, and pronouns			Age:
Name, gender, and pronouns			Age:
Active Military:	<input type="radio"/> Yes	<input type="radio"/> No	Veteran: <input type="radio"/> Yes <input type="radio"/> No
Referral Source:	<input type="checkbox"/> Attorney <input type="checkbox"/> Court Staff/Courthouse <input type="checkbox"/> Internet <input type="checkbox"/> MVLS or Legal Aid <input type="checkbox"/> Mental Health Professional	<input type="checkbox"/> Self-help Center or Pro Se Clinic <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Jewish Social Services Agency (JSSA) <input type="checkbox"/> Religious Organization (synagogue, church) <input type="checkbox"/> Other:	
Are you represented by an attorney?		If YES, name:	
Is your spouse/co-parent represented by an attorney?		If YES, name:	
What is your primary language?		What is your spouse/co parent's primary language?	
What issue(s) would you most like to address in this program?			
<input type="checkbox"/> Divorce <input type="checkbox"/> Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Other:	<input type="checkbox"/> Living arrangement (where children live) <input type="checkbox"/> Time spent with each parent (Holiday, Birthday, Vacation) <input type="checkbox"/> Who makes major decisions for children (Religion, Education, Medical) <input type="checkbox"/> Division of Property (House, Pension & Retirement)		
Have you discussed these issues with your spouse/co-parent?		<input type="radio"/> Yes	<input type="radio"/> No
Do I have your permission to contact your spouse/co-parent to explain the collaborative process and see if he/she is interested?			
		<input type="radio"/> Yes	<input type="radio"/> No
Can you attend meetings Monday - Friday 9am-5pm?			
		<input type="radio"/> Yes	<input type="radio"/> No

Income, Assets, and Debts

What is your total individual income BEFORE taxes? Please include wages, 1099 earnings, child support, alimony, Social Security, Disability, Cash Assistance/Food Stamps, unemployment benefits, Worker's Compensation, housing assistance, dividends & interest, retirement, and business income.		Total Income - before tax \$	Income Period (Per Year)
What is your spouse /co-parent's total income BEFORE taxes?		\$	
Do you have any of the following:	Approx. Value or Balance	Shared ownership with Spouse/Co-parent?	Comments/Notes
Checking/Saving Accounts?			
Retirement and/or Pension Accounts?		<input type="checkbox"/>	
Investments: stocks, bonds, mutual funds?		<input type="checkbox"/>	
Vehicles: Car, Motorcycle, Boat, RV?		<input type="checkbox"/>	
Cash Value life insurance?		<input type="checkbox"/>	
Loans: Car, Student, business & personal		<input type="checkbox"/>	
Credit card debt ?		<input type="checkbox"/>	
Inheritances, Gifts, & Family support?			
Do you own a business? <input type="radio"/> Yes <input type="radio"/> No If yes, shared ownership? <input type="radio"/> Yes <input type="radio"/> No			
Do you rent or own your home? <input type="radio"/> Rent <input type="radio"/> Own			
If you own, what is the value of your home?		What is the balance on your mortgage/HELOC?	
Employer name & location:		Job Title:	
Is there anything else about your financial circumstances you would like us to consider?			

Parenting Questionnaire

Are the children aware of what's happening? <input type="radio"/> Yes <input type="radio"/> No	
If yes, what have you told them?	
Were you both present when the children were told? <input type="radio"/> Yes <input type="radio"/> No	
How well do you and your co-parent talk to each other about the children? <input type="radio"/> Very well <input type="radio"/> Poorly <input type="radio"/> Sometimes well <input type="radio"/> Very poorly	Comments or examples:
How do you decide the amount of time the children will spend with each of you? <input type="radio"/> We are usually able to work it out together <input type="radio"/> Sometimes we can work it out together <input type="radio"/> One person makes the decision <input type="radio"/> We don't work it out	
How important is it that your children have contact with the other parent? <input type="radio"/> Very Important - (s)he has many valuable things to offer as a parent <input type="radio"/> Important - (s)he has valuable things to offer as a parent <input type="radio"/> Somewhat Important <input type="radio"/> Not Important <input type="radio"/> Very Unimportant - (s)he has nothing to offer as a parent	
Do you have concerns for your children's safety? <input type="radio"/> No <input type="radio"/> Strong Concerns <input type="radio"/> Sometimes <input type="radio"/> Very Strong Concerns	
Do you have concerns about your children's adjustment to the separation? <input type="radio"/> No <input type="radio"/> Strong Concerns <input type="radio"/> Sometimes <input type="radio"/> Very Strong Concerns	

Client Relationship Questionnaire

Which of the following best describes your relationship with your spouse/co-parent?		
<input type="radio"/> Marriage/Civil Union Date of marriage/civil union: Date of separation:	<input type="radio"/> Lived or Living Together Date began living together: Date of separation:	<input type="radio"/> Never Lived Together
Do you have a pending court date? <input type="radio"/> Yes <input type="radio"/> No If yes, when: To resolve what legal issue:		
What process(es) have you been involved in to date to try to resolve financial or parenting issues? <i>Check all that apply</i>		
<input type="checkbox"/> Nothing Formal: We have only talked w/ each other	<input type="checkbox"/> Court Filing: Once	<input type="checkbox"/> Court Filing: More than once
<input type="checkbox"/> Mediation: Successfully		
<input type="checkbox"/> Mediation: No Success		
When you and your spouse/co-parent can't agree on something, what usually happens?		
<input type="radio"/> We are usually able to work it out	<input type="radio"/> One person makes the decision	
<input type="radio"/> Sometimes we can work it out	<input type="radio"/> We don't work it out	
Explanation/Details:		
How are your overall levels of communication?		
<input type="radio"/> We communicate and consider the other person's opinions and options		
<input type="radio"/> We have very little (or difficult) communication		
<input type="radio"/> We do not communicate at all		
<input type="radio"/> We argue a lot		
Explanation/Details:		
How would you describe your level of trust in your spouse/co-parent?		
<input type="radio"/> I trust my spouse/co-parent in all matters		
<input type="radio"/> I trust my spouse/co-parent in some matters, but not all matters		
<input type="radio"/> I do not trust my spouse/co-parent at all		
Explanation/Details:		
How would your spouse/co-parent describe their level of trust in you?		
<input type="radio"/> Trusts me in all matters		
<input type="radio"/> Trusts me sometimes, but not always		
<input type="radio"/> Little to no trust in me		
Explanation/Details:		
Are any of the following of specific concern in your situation? <i>Please check all that apply</i>		
<input type="checkbox"/> Alcohol or drugs	<input type="checkbox"/> Financial control	<input type="checkbox"/> Threats or thoughts of suicide
<input type="checkbox"/> Depression or other mental health issues	<input type="checkbox"/> None of the above	
Has there been any domestic violence in your relationship? <i>Please check all that apply</i>		
<input type="checkbox"/> Violence-emotional	<input type="checkbox"/> Police were involved	
<input type="checkbox"/> Violence-verbal	<input type="checkbox"/> Current restraining order	
<input type="checkbox"/> Violence-physical and/or sexual?	<input type="checkbox"/> Prior restraining order	
<input type="checkbox"/> None of the above		
Participating in the Collaborative process requires that you be willing and able to:		
<input type="checkbox"/> Attend and be on time for regular meetings during working hours		
<input type="checkbox"/> Be in the same room with your spouse/co-parent		
<input type="checkbox"/> Speak for yourself and your own interests with the assistance of one or more Collaborative professionals		
<input type="checkbox"/> Consider what is important to the other person		
<input type="checkbox"/> Complete homework between meetings		
<input type="checkbox"/> Compromise		
Please acknowledge your understanding and agreement by checking each box above.		

Additional Notes or Information:

Collaborative Professionals of Northern Virginia (CPNV) will protect your personal information and only collect, use, and disclose personal information in order to help us and you decide whether the CPNV's Low Bono Collaborative Process is the right choice for you and your family; to provide you with appropriate referrals to other services and information; in order to prepare and support you through the collaborative process; to match your family with a Collaborative team who meets your needs; and to administer and evaluate the program and its effectiveness. Disclosure will be made only for these purposes or as required by law.

I consent to CPNV collecting, using, and disclosing the information set out above for the purposes of my participation and for the administration and evaluation of CPNV's Low Bono Collaborative Process. I understand that disclosure will be made by CPNV only for these purposes or as required by law. I also understand that the CPNV will retain my completed form as required by applicable law.

Please note that there is no client/attorney relationship established by the submission of this application.

My signature below certifies that all information provided on this questionnaire is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the CPNV program. I agree to provide verification of my income by providing copies of pay stubs, tax returns, and other documents at my initial meeting with an attorney. I understand that if my actual income is different than the income I reported in this form, the fees I pay for collaborative services may be adjusted or I may be terminated from CPNV's program.

[Redacted Signature]

Signature: [Redacted Signature]

Date: [Redacted Date]

Print name: [Redacted Name]

Your completed application may be returned to CPNV with a \$200 application fee by:

Email: admin@cpnova.com

Mail: CPNV Low Bono Program, c/o Curran Moher [Redacted]

10300 Eaton Place, Suite 520

Fairfax, VA 22030

Visit our website for more information: www.cpnova.com or call us at (571) 353-1846.