

## **Overcoming Barriers**

### **2012 High Conflict Divorce Camp Application**

Please answer all questions to the best of your knowledge using back of page if necessary.

Mail to: Overcoming Barriers, 417 Tasso Street, Palo Alto, CA 94301

Include:

- 1) Application
- 2) Signed/dated informed consent
- 3) Initial intake fee of \$100 payable to Overcoming Barriers Inc.

#### **Your information**

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Name:

Mailing Address:

Residence (if different from above):

Home phone:

Work phone:

Cell phone:

Email:

Who referred you to Overcoming Barriers or how did you hear about the program?

#### **Children's other parent's information (if known)**

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Name:

Mailing Address:

Residence (if different from above):

Home phone:

Work phone:

Cell phone:

Email:

When did you tell this parent of your intention to apply to Overcoming Barriers?

### **Other adults**

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Please list step parents and new partners including who they live with:

- 1.
- 2.

### **Children's information**

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Children names and ages (indicate step-children and primary parent):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

### **Family Court Details**

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a) Are there unresolved financial issues? Include a brief description.

b) What is the current custody arrangement? Please include details if one parent has final authority over decisions related to the children and if arrangement is being followed.

c) Are there any future family court proceedings scheduled or anticipated? Include dates and a brief description.

d) Please list any restraining orders, allegations of domestic violence or abuse. Include dates, if they were investigated, not investigated or if the investigation is ongoing.

e) Please explain the details of court order/commitment to participate. Attach copy of court order or other agreement.

f) Name(s) of judge/officer of court:

g) Jurisdiction(s):

h) Has there been a custody evaluation (past or pending)? Please include evaluator's name.

i) Who will receive aftercare recommendations of OCB? (court, other, please explain)

## **Family History**

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j) Date of marriage (or beginning of co-habitation if not married):

k) Date(s) of separation:

l) Date of divorce:

m) Date(s) of remarriage (mother, father):

n) Briefly describe your family and why you are choosing to apply to Overcoming Barriers programming at this time:

o) Briefly describe how you think the High Conflict Divorce Camp can help your family.

p) Have you or any member of your family been in psychotherapy or counseling before? Who, when and for how long?