

**PARENT INFORMATION FORM**

**[FOR ALL GATEKEEPING SERVICES PROVIDED BY BILL AUSTIN, PH.D.]**  
[wgaustinphd2@yahoo.com](mailto:wgaustinphd2@yahoo.com)

**[It is best to download and complete on your computer and e-mail to Dr. Austin]**

**Service being Requested**

- S.A.F.E. (settlement facilitation)**
- Co-Parenting Education for High Conflict, Restrictive Gatekeeping, Alienation**
- Relocation/Long-Distance Parenting Co-Parenting Education**
- Parenting Coordinator/Decision-Maker**

**Have You Paid in Advance for this Service?**

**Go to the Fees and Forms Webpage to Find the Required Amount of Payment for the Service You are Requesting and Learn How to Make the Payment**

**Name of Parent Completing Form:**

**Your Contact Information:**

**Cell phone:**

**E-mail:**

**Name of Other Parent:**

**Name and Ages of Children from the Marriage/Relationship:**

**Name of any Step-Parents:**

**Name and Ages of any other Children in the Family:**

**Type of Legal Case (you may check more than one):**

- Pending Divorce (pre-decree); Petition has been filed**
- No Pending Litigation/Legal Action in Court**

**You are trying reach agreement on an Original Parenting Plan**

**You are trying reach agreement on Modifying an Existing Parenting Plan**

**Modification of Existing Parenting Plan; Litigation Pending**

**Custody Trial has occurred**

**Settlement was been reached**

**Relocation of a Parent and Child is Pending**

**Has there been a history of Domestic Violence/Intimate Partner Violence?**

**Is Relocation an Issue?**

**Is Substance Abuse/Alcohol Problems an Issue?**

**Is there Disagreement on How Decision-Making should be Allocated?**

**Main Issues or Points of Disagreement**

**Your Goals in this Gatekeeping Service Provided by Dr. Austin?**