



TURNING POINT S.H.A.R.E.
DIVORCE GROUP
WWW.TURNINGPOINTSHARE.COM

SUPPORT
HEALING
ADVOCACY
RESOURCES
EDUCATION

INTAKE AND CONFIDENTIALITY FORM

NAME:	DOB:
ADDRESS:	HOME #:
	CELL #:
EMAIL:	CHILDREN'S AGES:
How did you hear about the group?	

1. How would you finish this sentence? *My hope is that this group will:*
2. What are your primary interests/areas of need in terms of information? (Please rank in order of importance)
 - _____ Legal
 - _____ Financial
 - _____ Children/Family and Divorce
 - _____ Transition and Change
3. Where are you in the process?
 - _____ Considering divorce or separation
 - _____ In the process of divorcing
 - _____ Divorced – how long? _____
 - _____ What type of legal assistance have you used?
 - Mediation
 - Collaborative
 - Adversarial
 - Independent

Confidentiality Statement:

“What you hear here, stays here.” We borrow this phrase from a well-known, successful support group program and ask that you acknowledge and honor the confidentiality of other members. We ask that you promise not to share names, event details, or any other personal information, outside the meetings by signing this pledge below:

SIGNATURE

DATE