



Initial Supervised Parenting Intake Checklist

Name: _____

Address: _____

Phone numbers:

HM: _____ WK: _____ CELL: _____

E-Mail: _____

(This is strictly confidential)

	Name	Age
Names and ages of Children:	_____	_____
	_____	_____
	_____	_____

Emergency contact name, relationship & phone number(s): _____

Copies of current relevant Court orders required, including Orders of Protection or signed agreements by both parties. Are these documents attached?

YES _____ **NO** _____

Information regarding any previous supervised visitation arrangements attached? YES _____ NO _____

Please list details of the reasons for the request for Supervised Visitation:

Please list risk factors (if any) including risk of abduction and/or any history of family violence:

Please specify history of parental dysfunction including mental illness, developmental delay or substance abuse:

Please list any concerns about issues that may arise during visits with the child(ren):

Please list any requests for special restrictions during visits, i.e.

No photographs_____

Close attention to negative statements_____

Other_____ (Please detail here: _____)

Please list practical information for the visit, i.e., diet/food, medication, toileting, clothing:

Details for scheduling visits:

Where: _____

When: _____

Who can visit: _____

Duration of visit: _____

Please list or attach any information on prior or current evaluations relevant to visitation and current psychotherapists (if any):

Attorney for Mother: _____
Name Phone

Attorney for Father: _____
Name Phone

Guardian ad Litem: _____
Name Phone