



Supervision and Exchange Intake Form

This must all be filled out completely

- 1) Name: _____
- 2) DOB: _____ Age: _____ Pronouns: _____
- 3) SSN: _____
- 4) TDL: _____
- 5) Vehicle (Make, Model, Year, Color): _____
- 6) Tag #: _____
- 5) Address: _____
- City: _____ Zip: _____
- Email address: _____
- Cell: _____ Emergency Contact: _____
- Emergency Phone Number: _____
- 6) Name(s) of children and age(s):

- 7) Name of other parent:

- 8) Place of Employment: _____
- Position: _____ Work Schedule: _____
- 9) You live with [] spouse, [] relatives, [] other (specify): _____
- 9) Who is responsible for the fees? _____
- 10) Referred by: Judge Attorney Mediation CPS OAG Other (specify) : _____
- 11) Beginning and ending dates of supervision: _____



12) If you have an attorney, please provide contact information below:

Name	Address	Phone/Fax/Email

Name of other parent's attorney: _____

13) Last court appearance? _____

14) Schedule recommended by the Court: _____

15) Are you separated/divorced from the child's other parent? When? _____

16) Why are supervised visits or exchanges necessary?

- Substance Abuse (specify): _____
- Mental Illness (specify): _____
- Kidnapping (date of incident or threat): _____
- Domestic Violence (date of PO): _____
- Police Intervention (specify): _____
- Criminal Record (specify): _____
- Child Abuse/Neglect (specify): _____
- Other (specify): _____

17) Please list any allergies or dietary restrictions the child might have

18) Please list any medication the child currently takes

19) Please list any physical or mental health diagnosis of you, the other parent, or the child(ren)

20) Has CPS ever been involved with anyone in the family? When? What reason?

21) Has the Attorney General's office ever been involved? Explain.

22) Have you ever seen a therapist or counselor? If so, when and for what reason?



23) Are you under the care of a physician for any chronic condition? If so, for what?

24) Do you qualify for any public benefits or services through any government or social service agency? If so, please specify:

25) When was the last visit or exchange with the children, and was it supervised?

26) What problems, if any, do you expect from the other party with visits or exchanges?

27) What do you hope the outcome of this experience will be?

28) Questions, concerns, or comments:

Please provide the completed documentation to intake@betweentwohomes.com.