

# Breaking Cycles Building Hope

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Please Submit Via: Fax: 503-914-2444 or Email:welovebreakingcycles@gmail.com

## SUPERVISED VISITATION REFERRAL FORM

CHILD(REN)'S NAME	DATE OF BIRTH	ETHNICITY
1.		
2.		
3.		
4.		

<b>Who does the child(ren) live with and where do they reside?</b> Name(s): Relationship to Child:	Street Address and Town/State:
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Cell Phone:	Home Phone:
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Work Phone:	E-Mail Address:
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<b>Name of Person(s) having the Supervised Visit with the child(ren).</b> Name(s): Relationship to Child:	Street Address and Town/State:
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Cell Phone:	Home Phone:
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Work Phone:	E-Mail Address:
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**Why are you required to have Supervised Visits with your child(ren)? THIS MUST BE COMPLETED.**

Is there an active Restraining Order or No Contact Order currently in place for either party or any of the children?  
If yes, explain what the order is and who it is for.

**IF YES, A COPY OF THE ORDER MUST BE PROVIDED TO BREAKING CYCLES BUILDING HOPE**

Is there a Court Order in place?

**IF YES, A COPY OF THE ORDER MUST BE PROVIDED TO BREAKING CYCLES BUILDING HOPE**

Physical abuse    Sexual abuse    Neglect    Prolonged absence in child's life >1year

Is there any other information you believe Breaking Cycles Building Hope should be made aware of that pertains to your case?

By signing this form, you are stating that to the best of your knowledge you have not omitted any facts in this case and the information provided is truthful and factual.

Signature:	Date:
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