



Supervised Visitation Referral

Referring Agency/Individual:

- Name:
- Title/Role:
- Organization (e.g., CPS, Court, Therapist):
- Phone Number:
- Email:

Date of Referral:

Client Information:

- Visiting Parent Full Name:
- Date of Birth:
- Phone Number:
- Address:

- Custodial Parent Full Name:
- Phone Number:
- Address (if different):

Child(ren) Involved:

- Full Names and Dates of Birth:
 - 1.
 - 2.
 - 3.
 - 4.

Reason for Referral:

- ☐ Court-ordered supervised visitation
 - ☐ Child welfare involvement (CPS case)
 - ☐ Domestic violence history
 - ☐ Substance abuse concerns
 - ☐ Parental mental health concerns
 - ☐ Reintroduction after long separation
 - ☐ Other (please explain):
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Supporting Documentation (required):

- ☐ Copy of court order or custody agreement
- ☐ Case history or case plan (if applicable)
- ☐ Risk/safety assessment summary
- ☐ Contact restrictions or no-contact orders

Requested Visitation Details:

- Frequency of visits: _____ times per week
- Duration of visits: _____ minutes/hours

- Preferred days/times: _____
- Any special conditions (e.g., supervised exchange only, interpreter required):

Referrer Signature: _____

Credentials (If applicable): _____

Date: _____