



Supervised Visitation Intake

Date of Intake: _____

Case Name: _____

Case Number: _____

What county did your court order originate in? _____

What county do you live in? _____

What county does the child live in? _____

Have you received Supervised Visitation Services in the past? If so, when and where?

Contact Information: (Please provide a copy of a valid photo ID)

Full name: _____

☐ Custodial
or

☐ Non Custodial?

DOB: _____

Age: _____

SSN: _____

Current Physical Address:

Mailing Address (if different)

Email: _____

Phone Number: _____

Additional Phone Number: _____

Ethnicity: _____

Emergency Contact 1

Name: _____

Address:

Phone Number: _____

Email: _____

Relationship to the child: _____

DOB: _____

Emergency Contact 2

Name: _____

Address:

Phone Number: _____

Email: _____

Relationship to the child: _____

DOB: _____

Do you have an attorney? Y or N

Name: _____

Address: _____

Phone Number: _____

Email: _____

What is your relationship to the other party involved? _____

What is your relationship to the child? _____

Please describe a brief history between you and the other parent/guardian:

Last contact: _____

Please circle the reason you feel supervised visitation is needed:

- ☐ Allegations of abuse/neglect
- ☐ Substance Use
- ☐ Allegations of sexual abuse
- ☐ Estrangement/abandonment
- ☐ Domestic violence
- ☐ Emotional/Mental Abuse
- ☐ Court Ordered
- ☐ Other: _____

Getting to Know the Child/Children Involved in Supervised Visitation

How many children will be participating in supervised visitation?: _____
 (Please note if you want more than 2 children at supervised visitation at a time, separate visits will be needed.)

Name(s) of Children	Age	D.O.B	Sex	Ethnicity

Do the children have any allergies? _____ Special Needs? _____ Diagnosis?
 _____ Psychiatric Diagnosis? _____ Require special care? _____
 Other? _____

What is your plan on preparing your child(ren) for visitation?

Is there consistent phone contact with the non-custodial parent/guardian?

Date of last in-person visit? How did the visit go?

Is the child currently in therapy? Y or N

Therapist name and contact information:

Parent Information

Do you own a firearm? _____

Do you possess a wear and carry permit? _____

Do you pay child support? _____

How often? _____

Do you have any criminal charges? If so, what are they?

Do you have any pending charges? _____

Have you ever been convicted of any sexual offenses?

Have you been investigated by CPS/DSS?

Do you have a history of a Substance Abuse disorder?

Do you currently struggle with Substance Abuse? _____

How often do you drink alcohol? _____

Have you ever been in any inpatient or outpatient Substance Abuse programs?

Have you been diagnosed or treated for a psychiatric condition?

Do you take any medications prescribed by a physician?

Are you currently in therapy? _____

With whom? _____

What is the child's current schedule? Please include any normal activities that may interact with SV time.

Days and Times Available for Visitation

****Please Note SV Monitor is Only Available Evenings, Weekends, and all
Major Holidays****

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Sunday	
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What area/zip code are you requesting services be provided in? Please note, visitation cannot happen in a private home:

Frequency and duration of visitation: _____

Your Name (Print) : _____

Signature: _____

Today's Date: _____

Please note, a copy of a valid ID, court order (if applicable) and any other relevant information may be needed, requested, or due before visitation services are rendered.