NCP Intake

Please fill out the following questionnaire that must be completed before your consultation appointment. These questions are for the knowledge of the supervisors only and remain property of KK Supervision, a division of Klein Investigations & Consulting.

* Required

1. Check the ones that apply to you. *

Check all that apply.

Alcohol Abuse
Drug Abuse
Violence or Harassment
Sexual Abuse
Threats of Abduction of Children

2. Is there an active Temporary Restraining Order (TRO) in place? *

Mark only one oval.

Yes

No

3. Is there an active Protection Order in place? *

Mark only one oval.

____ Yes

___) No

4. Are you receiving any medical/behavioral/mental services? *

Mark only one oval.

Yes

5. If yes, please explain below:

6. Please give a brief description of what has happened that has brought the parties to require supervised services?

7. Do you have any concerns going into a supervised visitation? *

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