

ANGEL'S HARBOR SUPERVISED VISITATION CUSTODIAL AGREEMENT TO PARTICIPATE  
Registration for Private Visitation

Return documents to [info@angelsharborvisits.org](mailto:info@angelsharborvisits.org)

Steps to begin visitations 1) Custodial Registration Packet with a copy of your driver's license, Court Order, 2) Child Registration with a photo of your child, 3) Registration fees, 4) Intake Interview & Screening, 5) Welcome Packet.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

DL #: \_\_\_\_\_ D. L. Expiration: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Vehicle Plate: \_\_\_\_\_

**ATTORNEY INFORMATION**

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**NON-CUSTODIAL INFORMATION IF AVAILABLE**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**Read the policy agreement carefully, initial each, sign the last page, and return all documents.**

**Enrollment 1-10**

\_\_\_\_\_ **1. Registration:** Both Parties must complete registration, intake, and screening, and pay fees in full before a visit can be scheduled.

\_\_\_\_\_ **2. Registration Fee:** All fees are non-refundable. Fees will be assessed to the non-custodial party unless stated in the court order. There is an additional charge of \$10.00 per child for more than two children.

\_\_\_\_\_ **3. Administration Fee:** If you opt-out before starting the program, there will be a fee of \$75.00 for labor costs, material, and time spent preparing the file. The \$75.00 will go toward your registration.

\_\_\_\_\_ **4. Fee for Service:** All payments will be paid through [www.angelsharborvisits](http://www.angelsharborvisits) or Zelle at [info@angelsharborvisits.org](mailto:info@angelsharborvisits.org). Personal checks are not accepted. Fees for visitation must be paid 24 hours in advance before a visit can take place. Failure to pay fees will result in no visit. There are No Refunds or credits for an overpayment.

\_\_\_\_\_ **5. Probation:** A copy of any active or inactive protective order, restraining order, no-contact order, probation, parole documents, and/or community services conditions for the non-custodial party must be provided to the AHSV Office before visits will be scheduled.

\_\_\_\_\_ **6. Violation of Policy:** The AHSV Office has the right to deny visitation services to parties for violation of policies or if participation poses a danger to the child, monitors, and/or others in the program. Determination of the facts leading to a denial of services is at the discretion of the AHSV Office. Termination of a visit is at the discretion of the visitation monitor. Visitation fees will not be refunded if the visit is terminated.

\_\_\_\_\_ **7. Visitation sites:** All visits will occur in a neutral/public setting approved by the Angel's Harbor Office for the safety of all parties. Transporting a child(ren) from one location to another during visitation is prohibited.

\_\_\_\_\_ **8. Guests:** All guests must be named in the Court Order or approved by the Angel's Harbor Office. A Criminal History is completed on each requested guest. Information regarding a guest may be shared with the custodial party. The AHSV Office has the final authority to approve guests' attendance.

\_\_\_\_\_ **9. No Contact Provision:** Harris County bail bonds prohibit contact with victims or witnesses in a criminal case. There will be no visits in these cases unless special provisions are secured from the District Attorney's Office.

\_\_\_\_\_ **10. Cancellations:** Timely cancellation of a visit must be made during office hours by contacting the main office at 281-501-2067 by Wednesday before a visit. Cancellations after Wednesday noon will result in a cancellation fee of \$75.

**Visit Policies and Guidelines 1-13**

\_\_\_\_\_ **1. Arrival and departure times:** For the safety of all parties, the AHSV Office prohibits contact between the custodial and non-custodial parties during arrival or departure. Any violation or attempts by parties to have visible or physical contact at a visit may result in suspension or termination of services.

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\_\_\_\_\_ **2. Child Pick-up:** If a child is not picked up within 10 minutes after the end of a visit and has not contacted the monitor, the child will be escorted to the police station and directions will be followed thereafter.

\_\_\_\_\_ **3. Gifts:** The non-custodial parent is allowed to bring gifts for the child. The AHSV Office/Monitor is not responsible for any lost or damaged items brought to a visit.

\_\_\_\_\_ **4. Food and Drinks:** The non-custodial is responsible for food and drinks during visits.

\_\_\_\_\_ **5. Animals:** No animals are allowed at a visit unless they are trained to be service animals.

\_\_\_\_\_ **6. Cell Phones, Smart Watches, Tablets, Laptops Computers, or ear pods, etc. (No electronics):** Items listed are not allowed during a visit by a non-custodial, child, or guest unless approved by the office. Phones are available in case of emergency.

\_\_\_\_\_ **7. Monitor:** The AHSV monitor observes and documents the conversations, activities, and behaviors of all participants before, during, and ending of a visit. Reports are factual and not based on assessments or opinions.

\_\_\_\_\_ **8. Records:** Visitation records are released upon service of a subpoena. A \$1.00 per page is assessed to the party/attorney requesting copies of 150 pages and .25 per additional page. Testimony offered by AHSV is available at \$100.00 per hour with a maximum of two hours. A subpoena requesting testimony requires a deposit of \$200.00 in advance.

\_\_\_\_\_ **9. Child Abuse:** If a child discloses abuse or physical signs of abuse are observed, a report will be made to the Texas Department of Family and Protective Services by the Texas Family Code. Supervisors/monitors will follow the directions given by TDFPS.

\_\_\_\_\_ **10. Contact Information:** Parties are responsible for providing the AHSV Office with updated contact information, including home addresses, phone numbers, and email addresses.

\_\_\_\_\_ **11. Photos:** Photos are allowed but cannot be added to any social media site while participating in the AHSV Program.

\_\_\_\_\_ **12. Recording Prohibited:** No participant, child, or guest has permission to record or video any of the conversations/interactions between the parties, child(ren), or Monitor(s) at any time.

\_\_\_\_\_ **13. Alternative Competent Adult:** Each custodial party must designate an alternate competent pickup person should they be unavailable. This adult must have a valid Texas driver's license provided upon request. Criminal History is collected. The designated adult must comply with all AHSV rules. The Office will notify the custodial parent if the alternate adult is not approved.

**Participant Behavior 1-6**

\_\_\_\_\_ **1. Behavior:** No parent will be allowed visitation if his/her behavior compromises a safe and comfortable environment. Threatening, aggressive, or argumentative behavior with staff, child, or another participant will immediately terminate the visit. Future visits may be terminated, and a police report may be filed.

\_\_\_\_\_ **2. Weapons:** Weapons are prohibited at visitation sites. Violation of this policy will result in termination of visitation and expulsion from the AHSV program.

\_\_\_\_\_ **3. Discussion:** Supervisors/Monitors will not discuss a party's case, concerns, or complaints before, during, or end of a visit. All questions or information must be directed to the office during business hours.

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\_\_\_\_\_ **4. Intoxication:** If CP is suspected of intoxication due to drugs or alcohol at the drop-off or pick-up of the child, the authorities will be notified, and the monitor will request an alternative person to drive the child(ren) home.

\_\_\_\_\_ **5. Notes:** Notes, cards, gifts, child support payments, money, mail, etc. between parties will not be allowed to be passed through the child or any AHSV staff. Participants are to arrange for the exchange of such items with the help of their attorney or a third party not connected with the AHSV Program.

\_\_\_\_\_ **6. Comments:** Neither party is to make derogatory comments or remarks about the opposite party before, during, end of a visit and/or in the presence of the monitor.

**Other Rules 1-5**

\_\_\_\_\_ **1.** The custodial party bears the primary responsibility for preparing a child for the visit. A report will be prepared for the attorneys/court if a child refuses to attend the visit.

\_\_\_\_\_ **2.** I understand that information gathered during supervised visits may be released under a subpoena to attorneys, therapists, courts, or other pertinent agencies involved in my case.

\_\_\_\_\_ **3.** I understand the AHSV Office visitation schedules may vary from the court order. If the AHSV Office is unable to provide services under the precise terms of the court order and the parties do not agree with any changes that the AHSV Office submits, it is the responsibility of the parties to speak with their attorneys or go back for court review.

\_\_\_\_\_ **4.** I understand that reports are a summary of observations only and are not intended to provide a basis for the evaluation of any participant.

\_\_\_\_\_ **5.** I understand that observations will be made in a monitored setting and do not function as recommendations to any prediction of future interactions outside of Angel's Harbor Supervised Visitation environment."

**I have read and understand these policies and agree to comply with all provisions. Other policies may apply, please refer to the AHSV Policy Handbook, if you have procedural questions.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Family codes**

Please give reasons presented in court that resulted in the requirement of supervised visitation.

Child Last Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> AA - ALCOHOL ABUSE  | <input type="checkbox"/> DA - DRUG ABUSE                    |
| <input type="checkbox"/> DV - DOMESTIC VIOLENCE                                    | <input type="checkbox"/> FR - FLIGHT RISK or AB - ABDUCTION |
| <input type="checkbox"/> AB - ABDUCTION  | <input type="checkbox"/> FV - FAMILY VIOLENCE               |
| <input type="checkbox"/> IV - INCONSISTENT VISITS                                  | <input type="checkbox"/> LC - LIVING CONDITION              |
| <input type="checkbox"/> MUTUAL AGREEMENT  | <input type="checkbox"/> MH - MENTAL HEALTH                 |
| <input type="checkbox"/> NEG – NEGLECT   | <input type="checkbox"/> PS - PARENTING SKILLS              |
| <input type="checkbox"/> PA – PARENTAL ALIENATION                                  | <input type="checkbox"/> R – REUNIFICATION                  |
| <input type="checkbox"/> CPS - CHILDREN PROTECTIVE SERVICES-ON GOING INVESTIGATION |   |
| <input type="checkbox"/> HISTORY OF INDECENCY WITH A CHILD                         | Year: _____   |
| <input type="checkbox"/> RSO – REGISTERED SEX OFFENDER                             | Year: _____   |
| <input type="checkbox"/> PAC - PHYSICAL ABUSE OF CHILD                             | Year: _____   |
| <input type="checkbox"/> PAAC - PHYSICAL ABUSE OF ANOTHER CHILD                    | Year: _____   |
| <input type="checkbox"/> SAC - SEXUAL ABUSE OF CHILD                               | Year: _____   |
| <input type="checkbox"/> SAAC - SEXUAL ABUSE OF ANOTHER CHILD                      | Year: _____   |
| <input type="checkbox"/> PO – PROTECTIVE ORDER                                     | Year opened: _____ Year closed: _____                       |
| <input type="checkbox"/> PPO – PERSONAL PROTECTIVE ORDER                           | Year opened: _____ Year closed: _____                       |

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CUSTODIAL QUESTIONNAIRE**

Child (ren) Last Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**LEGAL INFORMATION: 1-9**

1. What type of allegations or factual charges exist in the supervised visitation case to bring you to AHSV?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have a restraining order to protect you from the other parent? Yes \_\_\_\_\_ No \_\_\_\_\_

3. How many times have the police been contacted for Family/Domestic Violence? \_\_\_\_\_

4. How many times have you been in court about visitation disagreements? \_\_\_\_\_

5. Have there ever been charges filed against the other parent for physical abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, explain in detail during Intake).*

6. Did your child(ren) witness the abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Have you or the other parent ever been convicted of a felony? Yourself: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Parent: Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, describe below)*

\_\_\_\_\_  
\_\_\_\_\_

8. Has the other parent ever been physically, sexually, or emotionally abusive to you, the child(ren), or anyone else? Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, explain in detail during Intake).*

9. Have you ever been involved with Child Protective Services? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, please describe the most recent incident below)*

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH INFORMATION: 1-4**

1. Does your child(ren) have any medical problems (including allergies) that the noncustodial parent and AHSV should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

2. Is there a history of alcohol/drug abuse (Including prescription or illegal drugs):

Yourself: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Parent: Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, please describe below)*

\_\_\_\_\_  
\_\_\_\_\_

Treatment History: \_\_\_\_\_

Length of Sobriety: \_\_\_\_\_

3. Is there a history of the noncustodial having anger issues? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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4. Has the other parent ever been ordered to take a parenting or anger management, classes?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, explain in detail during Intake)*

**CUSTODY AND VISITATION ARRANGEMENTS: 1-6**

1. Who presently has legal custody of the child(ren)?  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

2. Who presently has physical custody of the child(ren)?  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_ Other \_\_\_\_\_

3. Exchange/Visitation Arrangements:

a. Until now, what arrangements have you had with the other parent for visits?

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b. Frequency of visits: \_\_\_\_\_

c. Location of the visits: \_\_\_\_\_

d. Average for the duration of the visits: \_\_\_\_\_

e. Date of contact between noncustodial and child(ren)? \_\_\_\_\_

f. Previous visitation arrangements were made by/with assistance from:

Both Parents \_\_\_\_\_ Counselor/Mediator \_\_\_\_\_ Judge/Attorney \_\_\_\_\_ CPS \_\_\_\_\_

4. Have you informed your child(ren) of the Supervised Visitation Court Order and the reason (s) why a Monitor will be present during visits with the noncustodial? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please describe your child(ren) developmental needs (e.g., response to monitors/strangers, transitional objects):

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6. Do you have concerns about a potential abduction? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Has there been a previous abduction or threats to do so? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Does the children have strong ties to their home state? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Is their citizenship in another country? Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER INFORMATION: 1-3**

1. Do you have an open-to-carry license? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are you court-ordered to communicate through Talking Parents, Family Wizard, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, which one) \_\_\_\_\_

3. What do you hope the outcome of this experience will be?

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*I solemnly swear that the above information is true and correct to the best of my knowledge. If there is any erroneous information provided by me, the Angel's Harbor Supervised Visitation Program may choose to terminate visitations and submit a Report to attending attorneys for submission to the Court.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Consent to perform Criminal History/Background

This document must be completed and signed to be valid.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden or other names used other than reflected on birth record: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

I, \_\_\_\_\_ am enrolling for services of the Angel's Harbor Supervised Visitation Program and have been advised that as part of the application process, Angel's Harbor conducts a criminal history background check. Angel's Harbor has informed me that I have the right to review and challenge any negative information that would adversely impact my participation in the Angel's Harbor Program. I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable period established within the sole discretion of Angel's Harbor.

### My responses to the following questions about my criminal history (if any).

1. Have you ever been arrested, convicted, or plead guilty before a court for any federal, state, or municipal criminal offense? **Yes** \_\_\_\_ **No** \_\_\_\_ (If yes, provide details below)

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Arrest, Charge, or Conviction: \_\_\_\_\_

2. Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense? **Yes** \_\_\_\_ **No** \_\_\_\_ (If yes, please provide details below)

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of Arrest, Charge, or Conviction: \_\_\_\_\_

3. Have you ever received probation or community supervision for any federal, state, or municipal offenses? **Yes** \_\_\_\_ **No** \_\_\_\_ (If yes, please provide details below)

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Detail of Arrest, Charge, or Conviction: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This document does not stop visitation but must be provided.*

Background check is done by: \_\_\_\_\_ Date: \_\_\_\_\_

Child Last Name: \_\_\_\_\_



### Child Intake Packet

White Black Hispanic Native American Asian/Pacific Other \_\_\_\_\_

**Child Name:** \_\_\_\_\_ Male / Female Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Language: \_\_\_\_\_

Distinguishing birthmark: \_\_\_\_\_ Illness: \_\_\_\_\_

Special needs or medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

School Attending: \_\_\_\_\_ What grade is the child in? \_\_\_\_\_

**Child Name:** \_\_\_\_\_ Male / Female Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Language: \_\_\_\_\_

Distinguishing birthmark: \_\_\_\_\_ Illness: \_\_\_\_\_

Special needs or medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

School Attending: \_\_\_\_\_ What grade is the child in? \_\_\_\_\_

**Child Name:** \_\_\_\_\_ Male / Female Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Language: \_\_\_\_\_

Distinguishing birthmark: \_\_\_\_\_ Illness: \_\_\_\_\_

Special needs or medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

School Attending: \_\_\_\_\_ What grade is the child in? \_\_\_\_\_

**Child Name:** \_\_\_\_\_ Male / Female Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Language: \_\_\_\_\_

Distinguishing birthmark: \_\_\_\_\_ Illness: \_\_\_\_\_

Special needs or medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

School Attending: \_\_\_\_\_ What grade is the child in? \_\_\_\_\_

Child Amicus: \_\_\_\_\_ Email: \_\_\_\_\_

Child Therapist: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Alternate Pick-Up & Emergency Contact Information

(The custodial must provide someone other than self. Copy of a valid driver's license is required for child pick-up)

\_\_\_\_\_ Number of child(ren)

**Alternate Pick-Up 1 (Must provide)**

Name:	Relationship:	Contact No:
Automobile Make:	Model:	Year/Color:
Texas Driver's License No:	Expiration:	License Plate:

**Alternate Pick-Up 2 (Must provide)**

Name:	Relationship:	Contact No:
Automobile Make:	Model:	Year/Color:
Texas Driver's License No:	Expiration:	License Plate No:

**Emergency Contact Persons (Must provide)**

Name:	Relationship:	Contact No:
Name:	Relationship:	Contact No:

The custodial party must designate an alternate competent adult to pick up the child(ren) should they be unavailable. A copy of a valid driver's license is required on file for the designee and must be obtainable to the monitor upon request. **Note:** Children will not be released to anyone without a valid driver's license or under the influence of drugs and or alcohol. A criminal history will be collected on each alternate pick-up person. The designated adult must follow the same rules and guidelines as the custodial party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Angel's Harbor Supervised Visitation Child Permission & Waiver Form

Child (ren) Name: \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

**PURPOSE:** To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Angel's Harbor Supervised Visitation Program.

#### PART 1: TO GRANT CONSENT

In the event reasonable attempts to contact me at \_\_\_\_\_ (home phone) or \_\_\_\_\_ (cell phone), or \_\_\_\_\_ (other) or \_\_\_\_\_ (other) have been unsuccessful, I hereby give Angel's Harbor

Supervised Visitation my consent to contact one of the following, or any other licensed medical provider:

Doctor's Name/Phone: \_\_\_\_\_

Dentist's Name/Phone: \_\_\_\_\_

Preferred Hospital's Name: \_\_\_\_\_

for emergency medical treatment deemed necessary and, if necessary, to transport my child to a preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (for dental procedures) concur with the necessity for such surgery and are obtained before the performance of such surgery. Facts of the child's medical history, including allergies, medications being taken, and any other physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Parent Name Printed: \_\_\_\_\_

Parent Name Signature: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

#### PART II: REFUSAL TO GRANT CONSENT (DO NOT COMPLETE IF YOU SIGNED PART I)

I do **NOT** give my consent for emergency treatment or release of medical records of my child (ren) \_\_\_\_\_. In the event of illness or injury requiring emergency treatment, I wish Angel's Harbor Supervised Visitation to take **NO ACTION** and to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date