

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

Return documents to info@angelsharborvisits.org

Steps to begin visitations. 1) Registration Packet with a copy of your driver's license & Court Order, 2) Registration fees, 3) Intake Interview & Screening, 4) 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: _____

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.org or Zelle at 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. Guests may attend a scheduled visit after the non-custodial has completed four (4) visits. 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. Guests are required to comply with the same rules established for the non-custodial party.

_____ **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 1-11

_____ **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. Gifts:** The non-custodial parent is allowed to bring gifts for the child. Any gifts considered inappropriate will be grounds for immediate suspension. Gifts should be reasonable in number in original packaging. The AHSV Office/Monitor is not responsible for any lost or damaged items brought to a visit.

_____ **3. Food and Drinks:** The non-custodial is responsible for food and drinks during the visits. The non-custodial will pay for all entrance and entertainment for the monitor at a visit. The Monitor should not come out of pocket for your visit.

_____ **4. Animals:** No animals are allowed at a visit unless they are trained to be service animals.

_____ **5. 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.

_____ **6. 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.

_____ **7. 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.

_____ **8. 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.

_____ **9. Contact Information:** Parties are responsible for providing the AHSV Office with updated contact information, including home addresses, phone numbers, and email addresses.

_____ **10. Photos:** Photos are allowed. Your phone will be given back when asked to take photos of your child. No photos of other program participants (worker, child, or adult) should be taken. Photos cannot be added to any social media site while participating in the AHSV Program.

_____ **11. Recording:** Neither participant, child, or guests has permission to record or video any of the conversations/interactions between the parties, child(ren), or the Monitor(s) at any time.

Participant Behavior 1-9

_____ **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. Responsibility:** The non-custodial party must watch, interact, and be responsible for their children and their behavior. Parents must set limits and redirect inappropriate behavior without the use of physical force.

_____ **4. 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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_____ **5. Intoxication:** If the non-custodial party is suspected of intoxication due to active drug or alcohol use, the visit will be immediately terminated and will require a copy of a hair or blood test at the non-custodial party's expense to resume visits. All future visits will be suspended pending such a test. 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.

_____ **6. View:** The non-custodial and child must always be seen. No parent may accompany a child to the restroom without a visitation monitor or if a child is old enough to go alone.

_____ **7. 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.

_____ **8. Clothing:** No clothing with inappropriate language, symbols, and/or pictures will be allowed at a visit.

_____ **9. 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.** 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.

_____ **2.** All conversations that the monitor interprets as inappropriate could result in the visit being terminated after 3 warnings. No whispering is allowed.

_____ **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 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

Participant Signature

Date

Non-Custodial Questionnaire

Child (ren) Last Name: _____

Name: _____ Relationship to child: _____

1. What is the reason for supervised visitation?

2. Is there a history of Anger issues? Yes _____ No _____
3. Have you or the other parent ever been ordered to take Parenting or Anger Management, classes? Yes _____ No _____
4. Do you carry weapons or have an open-to-carry license? Yes _____ No _____
5. Have you ever been incarcerated? Yes _____ No _____ Reason:

6. Do you have any physical, or mental health issues or any special needs that could affect your visits? Yes _____ No _____
7. Is there any alcohol and/or substance abuse? Yes _____ No _____
8. Have the courts ordered communication outside of visitation through Talking Parents, etc.? Yes _____ No _____ Which app? _____
9. Has there ever been a history of sexual abuse to a child (ren)? Yes _____ No _____
10. Has there ever been a history of physical abuse to the other party and/or child (ren)?
Yes _____ No _____
11. Has there ever been a history of sexually abused of a child? Yes _____ No _____
12. Have you ever abducted or tried to abduct a child (ren)? Yes _____ No _____
13. Is there a protective order in place? Yes _____ No _____

AHSV will go over this with you during your Intake Interview.

NONCUSTODIAL QUESTIONNAIRE

Consent to perform Criminal History/Background

The 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: _____