

Please download and fill out documents listed below

Custodial Name: _____

1. Registration Intake Packet
2. Monitored Exchange Agreement
3. Alternate Pick-up
4. Copy of driver's license
5. Copy of court order/any documents related to your case
6. Two (2) photos of child (recent)
7. Health Insurance card for child
8. Child Intake
9. Medical Release Form
10. Emergency Contact Form
11. Authorization Form

There is a registration fee of \$125 per party. Once AHSV receive the court order and it is reviewed, it will be determined if the other party will be required to pay for both custodial and non-custodial fees.

Note: Visitation will start once both custodial and non-custodial parties have completed registration process.

You can send your documents back to our office any way you'd like (email, fax or mail). If all paperwork is completed by both parties, you will receive a **Welcome Packet** with all the information needed to proceed with visitation.

Visits or exchanges start after all paperwork is completed and all fees are paid. Site for group visits are selected by determining shortest travel time for child, unless non-custodial party uses public transportation. Executive Director will make the decision on distance to attempt to help accommodate both parties.

All visits are carefully documented, as are visit cancellations and reasons for cancellations. AHSV will try to accommodate school, activity schedules of children, work schedule or illness of the parties with a make-up visit (read agreement carefully). Depending on which party has cancelled, will depend on which party pays fees for the make-up visit.

Please make sure all documents are signed to prevent any delays in processing.

Angel's Harbor Supervised Visitation, Inc.

P. O. Box 88172

Houston, Texas 77288

Office: 281-501-2067 Fax: 1-281-781-2288

Email: info@angelsharborvisit.org

Website: www.angelsharborvisits.org

COVER SHEET

CHILD(REN) Name : _____

Name: _____ E-mail: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Secondary #: _____

Employer: _____ Work Phone: _____

D. O. B.: _____

D. L.#: _____ State: _____ Expiration Date: _____

Ethnicity: White___ Black___ Hispanic___ Native American___ Asian/Pacific Islander___ Unknown ___

ATTORNEY INFORMATION

Name: _____ Phone: _____ Fax: _____

Address: _____ E-mail: _____

AMICUS ATTORNEY APPOINTED FOR CHILD

Name: _____ Phone: _____ Fax: _____

Address: _____ E-mail: _____

Parent/Guardian Signature: _____ Date: _____

REASONS FOR REFERRAL

Please give information presented in court that resulted in the requirement of supervised visits. Also, please provide any other information that may be helpful for us to serve your family.

1. ____ Domestic Violence
2. ____ Physical abuse by visiting parent
3. ____ Physical abuse of another child by visiting parent
4. ____ Physical abuse of child by a family member, if so, relationship: _____
5. ____ Mental health issues
6. ____ Living conditions
7. ____ Flight risk, if so, has there been prior abduction?
8. ____ Neglect of child(ren)
9. ____ Sexual abuse of child(ren)
10. ____ Sexual abuse of another child by visiting parent
11. ____ Sexual abuse by a family member, if so, relationship: _____
12. ____ Reunification, if so, how long since visiting parent seen child(ren)?
13. ____ Drug use, including illegal use of prescription drugs
14. ____ Alcohol abuse
15. ____ Child Protective Services (CPS) involved
16. ____ Incarceration of visiting party: if so, how long? _____
17. ____ Mutual Agreement-both parties agree
18. ____ Parenting Skills
19. ____ Inconsistent Visits
20. ____ Other, describe below:

Reason:

Has there ever been any physical, sexual or emotional violence? Present / Past / Year

Signature: _____

Date: _____

Please circle: Custodial / Non-Custodial

INTAKE

MONITORED EXCHANGE AGREEMENT TO PARTICIPATE

Please circle: Custodial / Non-custodial

The mission of AHSV Monitored Exchange Program is to provide a safe changeover for the child (ren) during an exchange from one party to another for a visitation period.

Please initial beside each Policy, print and sign your name on the last page of this document.

Monitored Exchange Process: 1-4

1. _____ **Completion:** Monitored Exchange are scheduled when both parties complete the registration process and fees are paid in full. If both parties fail to complete the registration process within 60 days, AHSV may request updated intake information and/or repayment of registration fees of one or both parties. Parties will be notified of the date exchanges are to begin once registration is completed.
2. _____ **Probation:** If a parent is currently on probation, a copy of the Conditions of Probation must be provided to the AHSV Program before exchanges can begin.
3. _____ **Violation of Policy:** The AHSV has the right to deny services to a family if a party's participation poses a clear and present danger to parties or other as well as himself/herself. (This determination is made by the Exchange Coordinator, Executive Director or Program Director).
4. _____ **Process:** If both parties fail to complete the registration process within 3 months of court order, AHSV may request updated intake or per court order documentation. (Assessment of additional fees may be assessed after reviewing of circumstances. If additional fees are required, they may be assessed to one or both parties).
5. _____ **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.

GUIDELINES 1-6

1. _____ Monitored Exchange schedules will be determined in accordance with the Court Order, subject to the boundaries and limitation of the Monitored Exchange Program. If parties do not agree to visitation as set forth by the AHSV, it is their responsibility to petition the Court for clarification or revision. (Most exchange schedules are based on the Standard Possession Order (SPO) of 1st, 3rd, and 5th Fridays of each month beginning at 6:00 p. m. and returning at 6:00 p. m. on Sunday and for specific holidays and extended periods of possession as stipulated in the court order. In the event an exchange is scheduled during the week exchanges will be done at 6:00 p. m. and returned by 8:00 p. m. (Most 2-hour visits).
2. _____ It is party's responsibility to notify and remind the AHSV Coordinator regarding extended visitation, school holiday's, birthday visits, or any change in the schedule other than the Standard Possession Order. Notification must be given to the office, two (2) full business days in advance. The AHSV Program is NOT responsible if an exchange is to occur outside the AHSV and notification is not given to the staff two business days in advance.
3. _____ A school calendar should be provided to the office.

4. ____ The Monitored Exchanged Program Coordinator will choose the exchange site considering the convenience of the child and the availability of staff.
5. ____ THERE WILL BE NO VISIBLE OR VERBAL CONTACT BETWEEN THE PARTIES DURING THE EXCHANGES. A violation of this policy may result in notification to the attorneys and/or may result in termination of services through our Program.
6. ____ In order to assure “No-Contact” between the parties, specific arrival and departure time will be provided to both parties after the completion of registration. IT IS IMPERATIVE BOTH PARTIES COMPLY WITH THESE TIMES.

PARTICIPATION BEHAVIOR 1-7

1. ____ Threatening, argumentative, or aggressive behavior with children, staff, and/or other participants of any nature constitute cause for immediate termination of the exchange and/or future exchanges and may result in the filing of a Court and/or police report. All parties must conduct themselves in a manner that clearly demonstrates the well-being of the child. The child is the highest priority.
2. ____ No child will be released to any party who appears to be under the influence of alcohol, drugs, and/or appears to be suffering from emotional distress. If you are suspected to be under the influence or appear to be in emotional distress, the Exchange Coordinator has the power to deny an exchange at any time. You will be asked to call someone to pick you up for your own safety. If you refuse, law enforcement will be called and given a description of your vehicle. Future exchanges may be terminated pending a court hearing.
3. ____ The office staff and Exchange Coordinator will take statements or implied statement regarding child snatching, kidnapping, or abduction seriously and all incidents will be documented, and the proper officials will be notified. Future exchanges may be terminated pending a court hearing.
4. ____ Steps will be taken to ensure the privacy of both parents. Neither parent should inquire as to the personal information about the other party.
5. ____ The staff **WILL NOT** discuss a party’s case, including exchange schedule, litigation concerns or complaints during the exchanges. Questions relating to the well-being of the child during the exchange **ONLY** will be allowed; all other information must be directed to the office during business hours. Exchange Coordinator will not relay information or pass items as they pertain to that visit.
6. ____ Parties are responsible for providing the office updated contact information. If the staff is unable to contact a party, any resulting fees charged will not be waived. A \$5.00 fee will be charged for each returned mail item.
7. ____ Guest who arrives with the non-custodial party must come inside the exchange area and not wait in the vehicle during drop-off or pick-up of the child/ren.

CANCELLATION AND NO-SHOW POLICY 1-19

1. ____ Cancellation notification **MUST** be made to the AHSV office at (281) 501-2067 two (2) business days prior to the scheduled exchange. In the event of an emergency, the day of the exchange calls

should be made to the AHSV Exchange Coordinator cell number. Calling your Exchange Coordinator any day other than the visit day will result in a \$10.00 fee per call/text.

2. ____ The AHSV does not give permission for an exchange to be missed; reasons for missed exchanges are documented. Make-up exchanges may be scheduled with the consent of the other party and the availability of an exchange supervisor.

3. ____ Failure to give timely notice for a scheduled exchange is considered a “No-Show” and the party responsible will be assessed a \$60.00 No-Show fee. Payment of this fee should be received in the office two business days prior to the next exchange.

4. ____ If the parties mutually agree on the cancellation of an exchange, notification to the AHSV office must be given by both parties. Failure to do so will result in the assessment of the \$60.00 No-Show fee being assessed to one or both parties.

5. ____ If the non-custodial party acquires two consecutive “No-Show” or have exchanges in such a way to constitute irregular participation, the AHSV Program Director may suspend exchanges or terminate services pending a Court review. If the custodial parent acquires two (2) consecutive or No-Shows or has irregular participation, a letter may be filed with the Court and sent to both attorneys.

6. ____ If a family will no longer be utilizing the services of the AHSV Program, they must notify the office. AHSV is not a party to the suit, therefore the Court does not notify the Program of hearings of changes in family arrangements. A No-Show fee will be assessed to both parties until proper notification of termination is provided to the office.

7. ____ The non-custodial party is required to arrive **15 minutes prior to the designated time for the exchange** and wait inside the designated facility. 15 minutes after the custodial party has left the facility, the non-custodial party will be allowed to leave. (For example: for a 6:00 p. m. Exchange, the Non-Custodial party will arrive between 5:45 and depart by 6:15 p. m.) unless court documents state otherwise.

8. ____ The custodial party is required to arrive no earlier than the designated time to the exchange and is required to leave the premises IMMEDIATELY following the drop-off of the child. (For Example, the custodial party arrives promptly at 6:00 pm, signs in the child, and leaves immediately).

9. ____ If the non-custodial party is not present at the time the child arrives and has not called to advise supervisor they are running late, the custodial party will leave the premises and there will be no exchange. The custodial party cannot wait at the site. The non-custodial party will be assessed the \$60.00 No-Show fee.

10. ____ If the custodial party does not arrive within 15 minutes for scheduled return exchange and has not contacted AHSV Exchange Coordinator to advise they are running late; the Exchange Coordinator will release the child back to the non-custodial party and an exchange will be rescheduled as soon as possible. Reschedule exchange fees will be assessed to the custodial party.

11. ____ A report to law enforcement and/or to the Family Criminal Law Division of the District Attorney’s office may be filed, and/or written notification provided if a non-custodial fails to surrender child at the end of the exchange as ordered by the Court. The AHSV Director and/or AHSV Coordinator has the authority to determine the necessary action taken.

12. ____ If the Exchange Coordinator is not present at the facility or the exchange; neither party should approach the other for any reason. Immediately call the Coordinator or the main office to advise you of steps to be taken. You will be asked to follow instructions accordingly for the protection of all parties.
13. ____ Any items/bags being exchange with the child will be checked by the supervisor. Toys, clothes, medicine, or other items a child brings to an exchange, should be returned with the child at the following exchange.
14. ____ Exchange supervisors will NOT administer medication to a child. Explicit instructions for administering medication should be provided in writing and this information will be given to the non-custodial party with the medication. The medicine should be sent home with the child at the return exchange.
15. ____ Each party is responsible for providing a proper car seat for the child as set forth in the Texas State Law. If state law is violated, the Exchange Coordinator has the authority to withhold the child and no exchange will take place.
16. ____ No weapons, alcohol, illegal substances, and/or pets are allowed on exchange premises.
17. ____ The Exchange Coordinator observes and document the periods of exchanges. Copies are provided at a cost of \$2.00/per page along with a subpoena service charge fee of \$15.00 (if out of state there is a \$25.00 service charge). You must notify the office at least fourteen (14) business days prior to the date the report or records are needed.
18. ____ No documents can leave the office without a subpoena. If a supervisor is compelled to appear in court, the family requesting their appearance is required to compensate the worker for their time at the rate of \$100 per hour with a non-refundable deposit of \$200.00 as well as \$50 travel time to be paid in cash at the time of court appearance. We will always uphold a subpoena.
19. ____ As required by law, if the child discloses any form of abuse, or if any physical signs of abuse are observed, the Exchange Coordinator will place a call to Child Protective Services (CPS) immediately.

FEE POLICY 1-4

1. ____ A non-refundable registration fee of \$125.00 will be assessed to each party and annually thereafter unless otherwise ordered by the court. The registration payment is excepted by credit card (online with a 5% additional charge), money order, cashier's check or cash. NO personal check accepted.
2. ____ All exchange fees of \$35.00 per drop-off and pick-up are to be paid by the non-custodial unless court order states otherwise. The fee is due at the time of each exchange and must be paid in cash **(Exact Cash)**. If exchanges must be scheduled at a special site to accommodate one or both parties, an exchange rate of \$40.00 will be assessed and each part will have to pay their own fees. Failure to pay exchange fees may result in the termination of services. Any payment problems should be directed to the office prior to the exchange.
3. ____ If either party arrives late for pick-up or drop-off, there will be a \$10.00 late fee for each 15-minute period after the first 15 minutes **(NO EXCEPTIONS)**.

4. ____ A \$60.00 will be assessed to one or both parties failing to give timely and proper notification of a canceled exchange. Proper notification must be given two (2) business days prior to the exchange; emergencies will be considered on a case-by-case basis. (This includes on-site refusal of an exchange).

OTHER RULES 1-5

1. ____ All conditions of the Agreement to Participate are subject to modification by the AHSV Program, with or without notification to the parties.
2. ____ The Agreement to Participate does not supersede any Court ordered access. Any conflict arising between the Agreement to Participate and the Court-order will mean that the Court Order controls. However, if AHSV is unable to provide services in accordance with the Court Order, it is the responsibility of the participants to request a Court modification in the absence of a mutual agreement.
3. ____ I understand that the information gathered during my monitored exchanges may be released to attorneys, therapists, the Court, or other pertinent agency involved with my case.
4. ____ I further understand the AHSV Program is not a party to the suit, is not ordered to provide services, and the AHSV reserves the right to terminate services for violations of the policies and procedures set forth by the AHSV Program.
5. ____ I have read and understand these Policies and agree to comply with all provisions.

Signature

Date

Printed Name

Custodial / Non-custodial

Official Use:	
File Name: _____	Date: _____
Court: _____	County: _____
Cause No: _____	
Staff Initials: _____	

CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK

FILE NAME: _____ **CP / NCP** Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden or other names used other than reflected on birth record: _____

Address: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____ Race: _____

DL # _____

(Note: to be used for criminal history checks only, and not for disclosure to other parties).

I, _____ am enrolling for services of the Angel's Harbor Supervised Visitation and have been advised that as part of the application process, the company conducts a criminal history background check. The company 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 Supervised Visitation. I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company.

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

1. Yes No Have you ever been arrested, convicted, or plead guilty before a court for any federal, state or municipal criminal offense?

If yes, provide details below...

State: _____ County: _____ Date of Offense: _____

Details of Arrest, Charge, or Conviction: _____

2. Yes No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense.

If yes, please provide details below...

State: _____ County: _____ Date of Offense: _____

Details of Arrest, Charge, or Conviction: _____

3. Yes No Have you ever received probation or community supervision for any federal, state or municipal offenses.

If yes, please provide details below...

State: _____ County: _____ Date of Offense: _____

Detail of Arrest, Charge, or Conviction: _____

Applicant Signature: _____

Date: _____

Background check done by: _____

Date: _____

LEGAL ADVOCATE DISCLOSURE STATEMENT

Child Name: _____

Cause No: _____

I, _____, understand that the staff at Angel's Harbor Supervised Visitation Program, including staff of the Angel's Harbor Supervised Group Visitation, Monitored Exchange and Private Visit Programs, are not attorney's and that they cannot and will not represent me in any legal matter.

I further understand that any information regarding legal procedures is not legal advice and does not substitute for the advice of an attorney.

My signature below indicates that I understand the above statement. I further acknowledge that I received a copy of this disclosure statement.

Print: _____

Date: _____

Signature: _____

Custodial / Non-custodial

TEXAS LAWS CONCERNING CHILD ACCESS, CHILD SUPPORT, ETC.

Frequently asked questions that come up regarding visitation:

Can a parent refuse visitation if child support is not paid? No, child support and visitation do not go together. Neither a parent nor a court can refuse to allow visitation solely on the issue of non-payment of child support. After orders are issued on child support and access, the custodial party can be held in contempt of court for refusing to allow access. It is hoped that if it is necessary to cancel a visit, the custodial party will be agreeable to making up the missed access period. AHSV tries to work with families to accommodate child participation in church, school, or special activities by offering make-up visits. A private visit may be a great option. Custodial parents may be expected to pay the cost of a private visit, especially if cancellations are excessive.

When can my child decide which parent to live with? In Texas, a child's decision cannot be the sole factor in determining which parent the child lives with. However, once the child reaches the age of 12, and upon motion, the court can consider the child's wishes as to whom he/she wishes to live with.

What if one of the parents tries to move out of state? It is always important to try and maintain a stable & safe environment for the child and the judge will try to maintain that stable and safe environment. Typically, counties will use a standing order that prohibits the parties from taking the children out of state, or your attorney can help you get a Temporary Restraining Order that will prevent the party from moving out of state. If you already have orders in your case regarding possession and access to your children, you can still file a Temporary Order to keep the other party from moving out of state. It is possible to limit the children's residence to the state of Texas, the current county and/or contiguous counties.

PLEASE SIGN BELOW ACKNOWLEDGING RECEIPT OF THIS INFORMATION

Signature: _____

Date: _____

Print: _____

Custodial / Non-custodial

ZERO TOLERANCE DRUG POLICY

PARTICIPANT DRUG POLICY ACKNOWLEDGMENT

Child(ren)'s Last Name: _____

Location: _____

I understand that the Angel's Harbor Supervised Visitation Program has a Zero Tolerance Drug Policy and the participants in the Angel's Harbor Program are made aware of this policy as it is set out in the Agreement to Participate.

The Angel's Harbor Program drug and alcohol policy provides that if drug or alcohol use prior to a visit is suspected that the visit will be terminated immediately. Angel's Harbor Supervised Visitation has the right and will require any party suspected of consuming drugs or alcohol prior to a visit to submit to a drug screening test either by hair or blood sample within six (6) hours of the time the party arriving to visit or meet a child.

This policy applies if for any reason the staff or supervisor of the Angel's Harbor Program suspect that a party visiting a child in any setting, whether the party is visiting a child in a group setting, a privately supervised visit, a custodial party picking up a child from the Angel's Harbor Supervised Visitation Program or a party participating in the exchange of children for visitation, has consumed or used drugs or alcohol prior to arriving at Angel's Harbor Program location.

Under no circumstances will a child be released to a custodial party if the use of drugs or alcohol is suspected. The party will be required to arrange for a third person to come to the Angel's Harbor Program location (with a valid Driver License) to pick up the child for the custodial party. The Party will be responsible for having someone pick up their vehicle or returning later to get their vehicle. If the party refuses to follow these requirements law enforcement will be called, and the attorneys involved in the case notified.

I understand that my refusal to submit to a drug or alcohol screening test or a positive test result will lead to my immediate termination from the Angel's Harbor Program and, that the Court will be notified of both the termination and the reason for the termination.

Print: _____

Date: _____

Signature: _____

Custodial / Non-custodial