



ANGEL'S HARBOR SUPERVISED VISITATION, INC.

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

Email: info@angelsharborvisits.org Website: www.angelsharborvisits.org

PRIVATE VISIT REGISTRATION PACKET

PROVIDE COPY OF DL HERE

CUSTODIAL

Please fill out a separate Child Intake Sheet for each child listed in the court order.

Child (ren) Last Name: _____ Relationship to child: _____

Name: _____ E-mail: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Secondary Phone: _____

D. O. B. _____ Ethnicity: _____

ATTORNEY INFORMATION

Name: _____ Phone: _____

Fax: _____ E-mail: _____

Participant Signature: _____ Date: _____

ALL participants must understand, ordered COURT VISITATION is not a suggestion it is an ORDER.

VISITATION AGREEMENT TO PARTICIPATE

AHSV is here to help strengthen and restore families by facilitating supervised visitation with our focus of reunification. Please initial and sign on the last page, indicating that you have read, understand, and agree to abide by each provision.

REGISTRATION POLICIES 1-7

1. _____ **Completion:** Visits 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 registration information and/or repayment of registration fees of one or both parties.
2. _____ **Registration Fee:** A non-refundable registration fee of \$125.00 is assessed to each party at initial registration and annually each year thereafter. The registration fee will not be refunded under any circumstances. If the non-custodial party has been inactive over 90-days, non-custodial must register and will be charged a fee of \$200.00 to reenter the program.
Once AHSV receives the court order and it is reviewed, it will be determined which party will be required to pay for registration fees. Non-custodial is responsible for all registration fees if: 1) custodial party is not a biological parent; there is documentation of family violence; or there is an on-going CPS or law enforcement investigation.
3. _____ **Fee for Service:** Private visitation fees start at \$110.00 (2-hour minimum) and \$30.00/hourly thereafter. Fees are payable by cash, cash app with a 2% fee, or Zelle. Personal checks are not accepted. AHSV fees will vary and are slightly higher for CPS, Officers, and Therapist/Counselor. Fees will be confirmed prior to setting up a Private Visit. Fees are to be paid at the beginning of a visit by the non-custodial, unless otherwise ordered by the court or AHSV Executive Director. Failure to pay fees at time of visit may result in the suspension until current or the termination of visits. Fees are subject to change without notice.
4. _____ **Holiday Fee:** Angel's Harbor is closed on holidays listed in the Welcome Packet. If there is an available supervisor willing to provide a parent a visit on a holiday, a slightly higher fee per hour will be assessed and will replace the normal Private Visit fees.
5. _____ **Intake Process:** Once registration is complete, and fees are paid. You are required to call the office to set up an appointment for your Intake Interview process. Process will take approximately 1-hour.
6. _____ **Guest:** Visits are schedule for the non-custodial party. Guest may attend visits after the non-custodial completes four (4) visits. All guests must be relatives and approved by Angel's Harbor Office. Criminal history will be completed on each requested guest. Information regarding a guest may be discussed with the custodial party. Angel's Harbor has the final authority on approval for any guest not listed in the court order.
7. _____ **No Contact Provision:** Harris County bail bonds prohibit contact with victims or witnesses in a criminal case. If the District Attorney's office confirms a child may be testifying as a witness in a case against the non-custodial or their spouse, visits will be denied unless special provisions are recommended by the District Attorney's office or Judge in the criminal case.

VISITATION POLICIES AND GUIDELINES 1-15

1. _____ **Alternate Pick-Up:** Each custodial party must designate an alternate competent adult to pick-up the child(ren) should they be unavailable.
Notification must be provided to the office before a child can be picked up. This designee must have a valid driver's license provided on file and provided upon request. Criminal History will be collected. The

AHSV will notify the custodial parent if the alternate designee is not approved. The designated adult must abide by all Angel's Harbor rules set forth in this agreement.

2. _____ **Animals:** No animals of any kind will be allowed except for registered service animals.
3. _____ **Arrival/Departure:** The custodial or their designee must drop off child no earlier than the visit is to begin and will not be allowed back on the premises until the time the visit is scheduled to end.
If non-custodial has not arrived and has not called to advise the monitor of their tardiness, the visit will be cancelled, the custodial party and child will not have the option to wait and must sign-in and leave the premises at once. The non-custodial is required to arrive 15-30 minutes prior to the scheduled visit and to leave approximately 10-minutes after the child has left.
4. _____ **Bags:** Parties and their guest purses, bags or other items brought to the visit may be searched.
5. _____ **Cell Phone:** Cell phones are not allowed during a visit. If the child brings a cell phone to the visit, the cell phone must be given to the supervisor at the beginning of a visit. If the child must use phone, supervisor must be able to hear the conversation. Phones are available in case of emergency.
6. _____ **Child Abuse:** If a child discloses abuse or if physical signs of abuse is observed, a report will be made to the Texas Department of Family & Protective Services in accordance with the Texas Family Code. Supervisors will follow the direction given by Child Protective Services. Should the supervisor determine the health, safety, or welfare of the child is endangered at any time during the visit, the supervisor has the authority to terminate the visit. If it is determined that supervised services need to be terminated, the Court, attorneys, ad-litem, and CPS will be notified, if appropriate.
7. _____ **Child Pick-Up:** If a child is not picked up on time after a scheduled visit, the custodial or their designee will be charged a \$20.00 fee for the first 10-minutes and \$1.00 per minute thereafter. The fee is due upon arrival.
8. _____ **Contact Information:** Parties are responsible for providing AHSV with updated contact information, including home address, home and/or cell number, and e-mail address. If mail is returned, there will be a \$5.00 charge assessed to the party.
9. _____ **Electronic Devices:** The child may bring an electronic device but may only use it for games and videos. If an electronic device is used for photos, videos, facetime, skype, etc., the child will not be allowed to bring the device back to the visit.
10. _____ **Gifts:** Gifts may be given to the child (ren); however, gifts should be new and in original packaging. Any gifts considered inappropriate will be grounds for immediate suspension. Gifts should be moderate and reasonable in number and size and age appropriate. Gifts can be taken home with the child unless non-custodial and child decide toy or game should travel with the non-custodial on each visit.
11. _____ **Photographs:** Photos are allowed during a visit. Photos taken must not consist of any participant (worker, child, or adult) in the program.
12. _____ **Private Visit Request:** Private visit requests must be given 14-days in advance.
13. _____ **Prohibit Contact:** Staggered arrival and departure times are set up for the protection of all parties. AHSV prohibits contact between the custodial and non-custodial during arrivals and departures. Any violation of this policy or attempts by a party to see or have contact with the other party during visitation may result in the suspension of visits or termination of services.
14. _____ **Subpoena/Records:** Business records affidavit certifies records are correct. Documents are released upon service of a subpoena only. A fee of \$1.00 per page is assessed and a \$15.00 service charge (if out of state there is a \$25.00 service charge) to the party/attorney requesting copies. A subpoena requesting testimony requires a non-refundable deposit of \$200.00.
15. _____ **Staff:** Supervisors and monitors observe and document conversations, activities, and behaviors of all participants during visitation interaction.

PARTICIPANT BEHAVIOR 1-8

1. _____ All weapons are prohibited in our office and at visitation sites. Violation of this policy will result in termination of visitation and expulsion from the Angel's Harbor Office.
2. _____ Parties are expected to watch, interact and be responsible for their child (ren) behavior during the visit. Non-custodial is expected to set limits, redirect behavior and discipline appropriately without the use of physical force. Non-custodial must always be in the presents of the supervisor. No parent may accompany a child to the restroom without a supervisor.
3. _____ No party will be allowed if his/her behavior compromises a safe and stress-free environment. Any verbal threats, vulgar, aggressive, or argumentative behavior, physical violence, or any implied threat of kidnapping during a visit, will result in immediate termination of the visit, and may result in the filing of a police report. If a visit is stopped, the supervisor will leave the premises at once with the child and visit fees paid at the beginning of the visit will not be returned. All parties must conduct themselves in a manner that clearly demonstrates the child (ren) is the highest priority.
4. _____ Monitors will not discuss a party's case, concerns, or complaints before, during or after a visit. Only questions relating to the well-being of the child during that visit will be allowed. Any questions or information must be directed to the office during Angel's Harbor business hours or to your attorney.
5. _____ A child will NOT be released if custodial or their designee appears to be under the influence of drugs, or alcohol the visit will be immediately terminated. Angel's Harbor Office will require the visiting parent to provide a hair or blood test to resume visit at their expense. Future visits will be suspended pending the results of such test. The non-custodial party will be required to call someone to pick them up. For any parent suspected of active drug or alcohol use that leaves the site, law enforcement will be contacted, provided with vehicle information and the parent's driver's license.
6. _____ Notes, child support payments, money, mail, cards, etc. between parties will not be allowed to be passed through the child (ren) 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.
7. _____ No clothing with inappropriate language, symbols and/or pictures will be allowed into the visitation site. Clothing must be appropriate for a visit with your child. Clothing should not be tight, revealing, or too short. Hygiene is necessary.
8. _____ No parent can leave the visitation to return to their vehicle without approval from the supervisor.

CANCELLATION POLICY 1-4

1. _____ Cancellation of a visit must be made by 12:00pm (noon) on Wednesday prior to a scheduled visit by calling the main office at 281-501-2067. Contact after 12:00pm (noon) on Wednesday will be considered "late cancellation" and will result in the **full amount** of the Private visit scheduled to the party not providing proper notification.
2. _____ In case of an emergency the day of a visit, calls should be made to site supervisor no later than 7:00am prior to visit start time to avoid a late cancellation fee. Site supervisor cell number will be in your Welcome Packet. Do not call the site supervisor cell number except on visit date.
3. _____ If parties mutually agree on the cancellation of a visit, **both** parties must notify the Angel's Harbor office to avoid a fee.
4. _____ If a parent has two consecutive no-shows, visits may be suspended or terminated, and notification will be provided to attorneys/court.

OTHER RULES 1-3

1. ____ The custodial bears the primary responsibility for preparing a child for the supervised visit. The child can visit the site and/or meet with the staff prior to the first scheduled visit (if time permits). If a child refuses to enter for the visit, the custodial party will be responsible for fees of that visit and a report will be prepared for the attorney/court.
2. ____ I understand that information gathered during visitation, phone conversation, email or verbally may be released pursuant to a subpoena to attorney's therapist, courts or other pertinent agency involved in my case.
3. ____ I understand Angel's Harbor visitation schedules may vary from the court order. If Angel's Harbor is unable to provide services under precise terms of the court order and the parties do not mutual agree with any changes, it is the responsibility of the parties to go back to court for court review.

I HAVE READ AND UNDERSTAND THESE POLICIES AND AGREE TO COMPLY WITH ALL PROVISIONS.

CAUSE NUMBER: _____

Print: _____ Date: _____

Signature: _____

*Please make sure all documents are initialed and signed to prevent any delays in processing.
This agreement will not be accepted if you have redacted or altered any of the wording contained herein.*

Family Codes

Cause No. _____

Child Last Name: _____

Parent Name: _____

Please give information presented in court that resulted in the requirement of supervised visitation. Also, provide other information that may be helpful for us to serve you and your family effectively.

Why is supervised visitation necessary?

AA - ALCOHOL ABUSE CPS - CHILDREN PROTECTIVE SERVICES-ON GOING INVESTIGATION

DA - DRUG ABUSE DV - DOMESTIC VIOLENCE

FR - FLIGHT RISK FV - FAMILY VIOLENCE

IV - INCONSISTENT VISITS LC - LIVING CONDITION

MUTUAL MH - MENTAL HEALTH

NEG – NEGLECT PS - PARENTING SKILLS

R – REUNIFICATION

PAC - PHYSICAL ABUSE OF CHILD BY _____ Year: _____

PAAC - PHYSICAL ABUSE OF ANOTHER CHILD BY _____ Year: _____

SAC - SEXUAL ABUSE OF CHILD BY _____ Year: _____

SAAC - SEXUAL ABUSE OF ANOTHER CHILD BY _____ Year: _____

PO – PROTECTIVE ORDER _____ Year: _____

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 to the other party. 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. Angel's Harbor 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 kids 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

Signed: _____

Date: _____

Legal Advocate Disclosure Statement

Cause No: _____

Child Last Name: _____

I, _____, understand that the staff at Angel’s Harbor Supervised Visitation Program, including staff of Group Visitation, Private Visitation and Monitored Exchange 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: _____

Zero Tolerance Drug Policy in a Supervised Setting

PARTICIPANT DRUG POLICY ACKNOWLEDGMENT

I understand that the Angel's Harbor Supervised Visitation Program have 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 drugs or alcohol used prior to a visit is suspected, the visit will be terminated immediately. Angel's Harbor has the right and will require any party suspected of consuming drugs or alcohol to submit a **copy of a hair or blood screening test to resume visits at their own expense. Future visits will be suspended pending the result of such test.**

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 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 valid Driver's 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.

Child(ren)'s Last Name: _____

Print Name: _____

Date: _____

Signed: _____

Consent to perform Criminal History/Background Check

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

Child Last Name: _____ Custodial / Non-custodial

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: _____

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 time frame established within the sole discretion of the Angel's Harbor.

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: _____

CRIMINAL HISTORY

Angel's Harbor Custodial Interview Questions

Angel's Harbor uses these questions to get an understanding from each party involved as to their perspective on why our services are being needed, as well as how to best provide a safe environment for the child (ren). Angel's Harbor is expecting truthful answers to the questions below. Angel's Harbor is not here to judge anyone, we are only here to help.

What is the reason for child (ren) needing supervised visitation?

Briefly describe any concerns you have regarding non-custodial visiting with the child (ren).

Is there a Protective Order or Restraining Order in place? If yes, what are the terms?

Is there a history of or current allegation of Family/Domestic Violence?

Do you have a history of Anger issues?

Do you have an open to carry license?

Are there any criminal issues or security concerns that should be noted in the file?

Have you ever been ordered to take Parenting or Anger Management Classes? Year:
Please provide certificate.

Have you ever been incarcerated? Reason:

Is there a history of substance abuse? Are drugs still being used?

Did the court order communication for parties through Talking Parents, Family Wizard, etc.?

Are you under the care of a physician for any chronic condition? If so, for what?

Have you ever seen a therapist or counselor? Year? Reason:

Is there an open CPS case involvement?

Has there ever been an opened CPS case involvement?

Has the Attorney General’s office ever been involved?

Has there ever been a history of sexual abuse to a child (ren)? Year:

Has there ever been a history of physical abused to a child (ren)? Year:

Does the child (ren) have any physical challenges, developmental delays, mental health issues, medications, or special needs that may affect visits?

When was the last time non-custodial spoke or seen child (ren)?

Are there any school problems or school-related behavioral concerns?

Is the child (ren) currently participating with a therapist/counselor or in a therapeutic program?
Contact information: Name: Email:

What are your 3 to 12-month family goals in our program?

Has the non-custodial party ever kidnapped or tried to kidnap the child?

What other concerns do you have, or is there anything else you think would be helpful for us to know?

What do you hope the outcome from this experience will be?

Referred by: JUDGE ATTORNEY MEDIATION CPS OAG MUTUAL OTHER

Print Name: _____ Date: _____

This information will be release upon subpoena or direction from the court.