

Non-custodial Registration Packet for Group Visitation

PROVED COPY OF DL

NON-CUSTODIAL INFORMATION

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

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

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Cell No: \_\_\_\_\_ Secondary No: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

D. L.#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Ethnicity: White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian/Pacific Islander \_\_\_ Other \_\_\_

**AUTOMOBILE INFORMATION**

*PLEASE PROVIDE YOUR VEHICLE INFORMATION EVEN IF YOU LIVE OUT OF STATE*

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

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year of Auto: \_\_\_\_\_

**ATTORNEY INFORMATION**

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You must understand, ordered COURT VISITATION is not a suggestion it is an ORDER.*

NON-CUSTODIAL REGISTRATION

FAMILY CODES AND INFORMATION

Child Name: \_\_\_\_\_ Cause No: \_\_\_\_\_

*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: \_\_\_\_\_

Referred by: Judge   Attorney   Mediation   CPS   OAG   Mutual Agreement   Other

Last court appearance: \_\_\_\_\_

Is there a Protective Order in place: \_\_\_\_\_ Date? \_\_\_\_\_

Has CPS ever been involved with the family? \_\_\_\_\_ When? \_\_\_\_\_

What reason? \_\_\_\_\_

Has the Attorney General’s office ever been involved? \_\_\_\_\_ Explain. \_\_\_\_\_

Have you ever been ordered to take Parenting Class? \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever seen a therapist or counselor? \_\_\_\_\_ Date: \_\_\_\_\_

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

When was the last visit or exchange with the child (ren) and was it supervised? \_\_\_\_\_

12. What do you hope the outcome from this experience will be? \_\_\_\_\_

## GROUP VISITATION AGREEMENT TO PARTICIPATE - NON-CUSTODIAL

This agreement has been prepared for you so that you know our policies and what to expect as you begin services with us. These policies have been developed with the aim of creating a safe and healthy environment and will be reviewed with you at Intake.

Please initial each page and sign on the last page, indicating that you have read, understand, and agree to abide by each provision and had an opportunity to ask questions about the content. A copy of this agreement will be provided to you at Intake.

**Please review the following agreement carefully as you will be responsible for your actions.**

### **REGISTRATION PROCESS 1-4**

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 90 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 covers background check and hours put into preparing the documents, therefore, the registration fee will not be refunded under any circumstances. Once AHSV receives the court order and it is reviewed, it will be determined which party will be required to pay for registration fees.

**Note:** registration payment is good for 90 days, date of expiration will be on the payment receipt given to you at time of initial payment. If services do not begin, the registration paperwork will remain on file for 6-months however after 90-days, paperwork may need to be completed again to start services as well as 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:** A monthly visitation fee of \$85.00 (2, 4-hour visits) is collected at the first visit of each month. If entire fees are not paid at the first monthly visit, a \$10.00 late fee will be collected each visit until current. Choosing to visit for less than four hours or a missed visit does not result in the reduction of this fee. Payment is accepted by cash app with an additional % fee (pending amount) Zelle or cash only. A receipt will be issued at the time of your payment. Personal checks are not accepted. Fees are subject to change without notice.

4. \_\_\_\_ **Intake Process:** Once registration is completed, and fees are paid. You are required to call the office to set up an appointment for your Intake process.

### **PARTICIPATION 1-31**

1. \_\_\_\_ **Date/Time:** Standard group visitation will take place the 1<sup>st</sup> and 3<sup>rd</sup> Saturday of each month from 9 a.m. to 1 p.m. (4 hours), 5<sup>th</sup> Saturday optional with extra charge. Please read schedule carefully, some dates may change due to holidays or events held at site location.

2. \_\_\_\_ **Search:** Each bag, purse or other items brought in the visitation building will be inspected and person entering the visitation building will be searched. AHSV is not responsible for any items brought on the premises by non-custodial or child.

3. \_\_\_\_ **Arrival/Departures:** The non-custodial is required 20- minutes prior to the scheduled visit and to leave 15 minutes after the last child leaves and site is cleaned. Non-custodial parties are required to assist in cleaning the visitation space. If the non-custodial is not present 15-minutes prior to visit start time and has not contacted the supervisor of their tardiness, the visit will be cancelled. The custodial and child will not have the option to wait and must leave the premises at once. If a non-custodial is unable to exercise the entire four-hour visit, they must notify the office by noon on Wednesday prior to the scheduled visit so that custodial party can be notified. If the non-custodial is being dropped-off or picked-up by another individual, the designee individual must follow the same provisions set forth for the non-custodial.

4. \_\_\_\_ **Gifts/Notes:** Gifts may be given to the child; however, the non-custodial and child may agree that a toy or game may be brought back and forth to visits by the non-custodial. Any gifts considered inappropriate will be grounds for immediate suspension. Gifts and toys brought into visitation site should be moderate and reasonable in number and size and age appropriate. Notes, gifts, 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 AHSV program.

5. \_\_\_\_ **Food/Child Items:** Non-custodial must bring food and drinks to the four-hour visit. All food and drinks must be unopened and in spill-proof containers. Baby bottles and baby food must be provided by the custodial or person

delivering the child. Blankets, diapers, change of clothing are the responsibility of the non-custodial. The custodial should provide clear information regarding the child's special needs, diet, and clothes or diaper sizes.

6. \_\_\_\_ **Medication:** AHSV will not administer medication to a child. All medications related to a child are to be given directly to AHSV staff at the time of arrival. Explicit directions for medication must be included in writing. These directions will be given to the non-custodial, who is then responsible for administering the medication.
7. \_\_\_\_ **Make-up/Rescheduled visit:** If visit must be made up with a private supervised visit, the make-up visit will be scheduled on dates/times other than when the site is open. The custodial and non-custodial party will be expected to split the make-up cost. Personal reasons for cancellation will be paid by party cancelling the visit. Failure to agree to cooperate with the policy will result in letters to attorneys/court and/or suspension or termination pending court. AHSV is not responsible for tracking missed visitation dates.
8. \_\_\_\_ **Examination:** Bodily examinations cannot/will not be performed on a child during a visit. AHSV is not an investigative service and does not physically inspect children. Only obvious injuries or child-initiated reports may be noted and/or documented.
9. \_\_\_\_ **Animals:** No live animals of any kind will be allowed except for registered service animals.
10. \_\_\_\_ **Cell Phones:** No cell phones are allowed during a visit by the non-custodial, guest or child. Phones should be turned into a site supervisor at the beginning of a visit and will not be returned until visitation is over. If a call needs to be made during a visit, your phone will be given to you for use in an outside location but must be returned when finished. No one can use the phone without permission from the site supervisor during a visit (call or text). If a call must be made by the child, the supervisor must be able to hear the child's conversation. Phones are available in case of emergency. If giving 2 warnings regarding your phone, will be suspended for 2-visits.
11. \_\_\_\_ **Visit Supervisor:** Supervisors and monitors observe and document office and site conversations, activities and behaviors of all participants during the visitation period.
12. \_\_\_\_ **Subpoena/Records:** No documents can leave the office without a subpoena. We will always uphold a subpoena. Business records affidavit certifies records are correct. Visitation records are released upon service of a subpoena only. A fee of \$2.00 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. Subpoena notice given a week in advance will be charged an additional \$50.00 and will be added to the initial charges. Testimony offered by AHSV employees is available at \$100.00 per hour and \$50.00 travel fee in the Houston area only. A subpoena requesting testimony requires a non-refundable deposit of \$200.00.
13. \_\_\_\_ **Visitation Site:** The AHSV selects the visitation site based on the proximity of the child. Exceptions considered if non-custodial uses public transportation to arrive at visits.
14. \_\_\_\_ **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.
15. \_\_\_\_ **Smoking:** NO smoking, use of e-cigarettes, vapor cigarettes, or tobacco use of any kind is allowed during visitation.
16. \_\_\_\_ **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 recipient.
17. \_\_\_\_ **Language:** All participants must speak English during participation in the AHSV program or must provide a translator at non-custodial expense.
18. \_\_\_\_ **Therapist/Counselor:** The agreement provides a release to discuss the child with any therapist/counselor involved in the case. If a therapist/counselor identifies problems resulting from visitation, AHSV will 1) suspend visits pending court review; 2) suspend visits for a period not to exceed 3 months while the child continues counseling; or 3) require non-custodial to see a counselor as well.
19. \_\_\_\_ **Guest:** Non-custodial guest may attend after 4 visits. All guests must be relatives, named in the court order, or approved by AHSV Executive Director. A criminal background check will be completed on all parties and each requested guest. After guest is approved, put in the system and both parties notified, no future visit notification to the custodial is required. Information regarding a guest may be discussed with the custodial party, however, AHSV has authority to make

the final decision on guest approval. Guest must sign-in and sign-out and are required to comply with rules established for non-custodial. There is a \$20.00 guest fee due for adults and a \$10.00 guest fee for children under the age of 12 due at each visit. No guests are allowed if visit fees are past due. Guest request not submitted at time of registration will be put on a waiting list.

20. \_\_\_\_ **Change of visitation:** Determination of which supervised visitation is best for the child is at the discretion of Angel's Harbor Supervised Visitation Executive Director.
21. \_\_\_\_ **Emails:** emails should not exceed over 10-emails a day or there will be a \$5.00 fee assessed to each email thereafter.
22. \_\_\_\_ **Summons:** Parties are restricted from summoning law enforcement, making police reports, or having papers served to another party on AHSV property of visitations.
23. \_\_\_\_ **Clothing:** 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.
24. \_\_\_\_ **View:** Parents must always be able to be seen by a supervisor. **Attempts to move child (ren) out of sight or hearing of staff. The supervisor must be able to SEE the child and HEAR what is always being said. WHISPERING IS NOT ALLOWED.**
25. \_\_\_\_ **Premises:** No parent can leave the premises or return to their vehicle without approval by a visitation supervisor.
26. \_\_\_\_ **Restroom:** No parent may accompany a child to the restroom if child is of age and can go alone. If there is a child or infant that needs assistance, non-custodial will be accompanied by a site supervisor.
27. \_\_\_\_ **Photos:** Photos are allowed during visits apart from registered sex offenders. NO photos are allowed on any social media site at any time. The non-custodial party must not take photos of any other program participants (workers, adults or child) with or without approval of another participant. **NO video or audio will be allowed.**
28. \_\_\_\_ **Electronic Devices:** Electronic devices may only be used for games or movies. Devices should not be used for internet access. If an electronic device is used for taking photos or taking videos, the non-custodial will not be allowed to bring the device back to the visits and may be suspended.
29. \_\_\_\_ **Roughhouse:** AHSV does not allow non-custodial to swing, toss or roughhouse with a child (ren).
30. \_\_\_\_ **Microwave:** AHSV does not supply a microwave; therefore, anything brought to site to be eaten should be already prepared.
31. \_\_\_\_ **Clean-Up:** Non-custodial is responsible for cleaning up after visitation and are encouraged to have child (ren) assist in an age appropriate manner. Please allow adequate time to clean up.

#### **CANCELLATION AND NO-SHOW POLICY 1-4**

1. \_\_\_\_ **Proper Cancellation:** Cancellation of a visit must be made during office hours by noon on Wednesday before 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 a \$60.00 No-Show fee and must be paid before future visits can be scheduled. Cancellations made after Wednesday arising from an emergency may be exempt from a cancellation fee. Documentation must be provided to AHSV and will be reviewed on a case-by-case basis. 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 No-Show fee. Site supervisor cell phone number is located on visitation schedule. Do not call the site supervisor cell number except on visitation date or parties will be charged a \$10.00 fee per call/text.
2. \_\_\_\_ **Mutual Cancellation:** If parties mutually agree on the cancellation of a visit, both parties must notify the AHSV office to avoid No-Show fees. Failure to give notice will result in a No-Show fee assessed to the parties not providing notification.
3. \_\_\_\_ **Consecutive No-Show:** If a parent has two consecutive no-shows, visits can be suspended, and notification will be provided to attorneys/court. If a child participates in extra activities, the custodial party must provide the child's activity schedule to the office.

4. \_\_\_\_\_ **Improper Cancellation:** No-Show is defined as improper cancellation of a visit or failure to show up for a visit. In case of a “No-show” by either party, that party will owe a No-Show fee of \$60.00.

#### **GUIDELINES 1-14**

1. \_\_\_\_\_ No party will be allowed if **his/her behavior** compromises a safe and stress-free environment. Threatening, aggressive or argumentative behavior with child, staff or other participants of any nature will result in immediate termination of visits and may result in the filing of a police report. Any threats of physical violence to anyone present during a visit, or any implied threat of kidnapping, will be taken seriously and will result in summoning of law enforcement officers. All parties must conduct themselves in a manner that clearly demonstrates the well-being of the child (ren) is the highest priority.

AHSV staff has the right to **determine appropriate and/or inappropriate behaviors** and conversations between parties and the children, or in front of the child. Continued infractions may result in the termination or the current visitation, suspension of one or more visits, or termination of AHSV services for failure to comply.

2. \_\_\_\_\_ All weapons (including pocketknives, scissors, fingernail file, etc.) are prohibited. The right to carry any weapon, open carry or concealed, is denied while participating in the group, private or exchange visitation and is enforced. Violation of this policy will result in termination of visitation and dismissal from the Angel’s Harbor Supervised Visitation Program and will not be allowed back into the program. Non-custodial and their guest will be screened before entering the facility.

3. \_\_\_\_\_ Non-custodial must watch, interact and be **responsible for their children’s behavior**. Parents must set limits and redirect inappropriate behavior without the use of physical force. Children may not interfere with another family’s visits, harm others, destroy property or engage in inappropriate behaviors.

4. \_\_\_\_\_ Visits are held in a **group setting**, making it impossible to hear all conversations. Non-custodial parents nor their guests cannot 1) interrogate the child; 2) make negative comments about the custodial party or their family; 3) make promises they cannot keep (such as seeing child unsupervised, etc.) or 4) make other statements considered inappropriate determined by the site supervisor. **Allegations of inappropriate conversations** will be investigated. Violation of this policy may result in 1) suspension of two or more visits; 2) reprimand letter with copies to the attorneys/court; 3) termination of visits pending court review; 4) private one on one supervision at the non-custodial expense held at the CW site location with a supervisor.

5. \_\_\_\_\_ Supervisors will not **discuss a party’s case**, concerns or complaints during or immediately after a visit or monitored exchange. Only questions relating to the well-being of the child during a visit will be allowed. Any questions or information must be directed to the office during business hours or to your attorney.

6. \_\_\_\_\_ I understand that information gathered during visit supervision, 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.

7. \_\_\_\_\_ I understand the visits will be scheduled in **accordance with the court order**, within the boundaries and limitation of AHSV to meet the needs of participants. If AHSV is unable to provide services under precise terms of the court order, it is the participant’s responsibility to request the court to modify the order in the absence of a mutual agreement.

8. \_\_\_\_\_ Both parties are **responsible to keep AHSV informed of court dates** and modification in visitation made by the court. A copy of the modification order must be provided to AHSV as soon as possible after orders are finalized/approved.

9. \_\_\_\_\_ All conditions of this agreement are subject to **modification** by AHSV with or without notice to the parties.

10. \_\_\_\_\_ If you wish to have **concerns, events or comments documented for our file**, you may put these in writing, and AHSV will make sure it goes in your file. Staff will not document anything they did not witness firsthand.

11. \_\_\_\_\_ AHSV reserves the right to limit subsequent visits to the **length of time necessary for child**, increasing the length over time, if the child (ren) need additional time to adjust. This determination will be made by the Executive Director.

12. \_\_\_\_\_ The AHSV has the right to **deny supervised visitation services** to a custodial, non-custodial and their guest for violation of policies or if participation poses a clear and present danger to the child or others in the program or violates this contract in any manner. The determination is at the discretion of AHSV Executive Director, including visitation site supervisor.

13. \_\_\_\_ If non-custodial is **suspected of intoxication** due to active drug or alcohol use, the visit will be immediately terminated. AHSV may require the non-custodial to provide a copy of a hair or blood test to resume visits. Future visits may be suspended pending the results of such test. The non-custodial will be required to call someone to pick them up. If non-custodial refuses to follow these requirements, law enforcement will be called, and all attorneys involved in the case will be notified immediately. *“For any parent suspected of active drug or alcohol use that leaves the site, law enforcement will be contacted, provided with vehicle and parent’s driver’s license information”.*
14. \_\_\_\_ Visitation will not be suspended or terminated when **child support** is in arrears.
15. \_\_\_\_ If either party/family will no longer be **utilizing services** of the AHSV program, each party should provide notification to the main office. The AHSV program is not a party to the suit, therefore the court does not notify the Program of hearings or changes in visitation arrangements.
16. \_\_\_\_ 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.
17. \_\_\_\_ For the **safety of all parties**, AHSV prohibits contact between the custodial and non-custodial party during arrival and departure. Arrival and departure times are set up for the protection of all parties. There is to be NO CONTACT. This includes physical and visible contact. Any violation of this policy or attempts by either party to see or have contact with the other party during visitation may result in suspension of visits or termination of service.
18. \_\_\_\_ AHSV Staff has the right to **determine appropriate and/or inappropriate** behavior and conversation between parties and the child (ren) or in front of the child (ren). Continued infractions may result in the termination of the current visitation, suspension of one or more visits or termination of AHSV services pending court hearing.
19. \_\_\_\_ If non-custodial is currently on **probation**, a copy of probation conditions must be provided to AHSV before visits will be scheduled.
20. \_\_\_\_ Visit **discussions between both non-custodial and child** should focus on the present to avoid pressure and/or disappointment for the child.
21. \_\_\_\_ The **supervisor’s responsibility is the safety of the children**. If the supervisor is forced to make a decision that is not specifically stated in the “Agreement to Participate” for the protection of the parties, the parties are to abide by the decision and direct any problems to the AHSV office the following business day. Failure to follow the rules will result in immediate termination of the visit and/or future visits.
22. \_\_\_\_ Visits offered is the **opportunity for the parties to interact with their children** in a positive and enjoyable environment. Conversations should be natural and directed by the child’s interest, not the adults. If you child has a question about the family situation, a supervisor will help in addressing any questions the child may have.
23. \_\_\_\_ In **signing this document**, I acknowledge that I have read, understand and agree with AHSV policies and I agree to pay the fees listed in accordance with the schedule and requirements as stated. All conditions of this Agreement to Participate are subject to modification of the AHSV Program, with or without notification to parties. I understand rules are subject to change at the discretion of AHSV Program or to accommodate special circumstances or court orders.

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

Print name: \_\_\_\_\_

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

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

**Please make sure all documents are initial and/or 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.*

GUEST REQUEST FORM

Child Name: \_\_\_\_\_ Cause No: \_\_\_\_\_

First and Last Name	Relationship	D. O. B.	Driver's License #

ALL GUEST names should be submitted for approval during registration.

ALL Guest must be relatives or named in the court order.

A criminal background check will be completed on each requested guest.

The number of guests may be limited due to space availability.

All guests are required to follow the same rules as the non-custodial regarding conversation, cell phones, photos, etc.

Failure to comply may result in suspension or termination of non-custodial privileges.

**\*NO GUEST** will be considered the day of a visit.

NO GUEST will be allowed without a visit fee of \$20.00 for adults and \$10.00 for children age 12 and under per visit.

NO GUEST will be allowed until after the visiting parties 4<sup>th</sup> visit with child(ren).

NO GUEST is allowed if visit fees are not current.

After guest is approved, put in the system and both parties are notified, no future notification to the custodial is required.

Each visit requires written notification to the office of a guest before a visit can take place.

Adult guest that are approved will need to present valid state-issued identification to the supervisor at the time of each visit.

Copy of driver's license should be sent into the office for background check.

(Please Fax or Scan in PDF Format **Only**)



**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 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

Child (ren) 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**

**Child(ren)'s Last Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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 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 three (3) 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 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 Name: \_\_\_\_\_

Signed: \_\_\_\_\_ CP / NCP      Date: \_\_\_\_\_

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK**

**FILE NAME:** \_\_\_\_\_ **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, AHSV conducts a criminal history background check. AHSV 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 AHSV.

**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: \_\_\_\_\_