



ANGEL'S HARBOR SUPERVISED VISITATION, INC.

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

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

CUSTODIAL GROUP REGISTRATION PACKET

Paste copy of driver's license here or email copy into the office.

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: _____

AUTOMOBILE INFORMATION

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

Make: _____ Model: _____ Year: _____

License Plate No: _____ Color: _____

ATTORNEY INFORMATION

Name: _____ Phone: _____

Fax: _____ E-mail: _____

Participant Signature: _____ Date: _____

Warning: Failure to obey a court order of access to a child (ren) may result in further litigation to enforce the order, including contempt of court. A finding of contempt may be punished by confinement in jail for up to six months, a fine of up to \$500.00 for each violation, and a money judgement for payment of attorney's fee and court costs.

CUSTODIAL GROUP VISITATION AGREEMENT TO PARTICIPATE

These policies have been developed with the aim of creating a safe and healthy environment and will be reviewed with you at your Intake Interview. By initialing below, I agree to abide by each provision in this Agreement and had the opportunity to ask questions about the content. Please review your agreement carefully as you will be responsible for your actions.

Group visitation takes place on the 1st and 3rd Saturday of each month from 9:00am to 1:00pm (4-hours).

REGISTRATION POLICIES 1-9

1. **Registration:** Visits are not scheduled until both parties complete the registration packet and fees are paid in full.
2. **Registration Fee:** A non-refundable, annual registration fee of \$125.00 is assessed to each party and each year thereafter.
3. **Fee for Service:** Group visitation fees are \$150.00 for two 4-hour visits and will be collected at the first visit of each month. Fees are payable by cash, cash app with a \$2.50 surcharge. Personal checks are not accepted. If entire fee is not paid at the first monthly visit, a \$10.00 late fee will be collected. Choosing to visit for less than four hours or a missed visit does not result in the reduction of this fee. Failure to pay fees may result in termination of services or temporary suspension until fees are current. Fees are subject to change without notice.
4. **Holiday:** Angel's Harbor is closed on holidays listed in the Welcome Packet.
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. After the Intake Interview, you will receive a Welcome Packet to finalize access into the Angel's Harbor Supervised Visitation Program.
6. **Guest:** All guests must be relative and approved by the Angel's Harbor office. After a guest has been approved, put in the system and custodial is notified, no future notification is required.
7. **No Contact Provision:** Harris County bail bonds prohibit contact with victims or witnesses in a criminal case. There will be no visits unless special provisions are recommended by the District Attorney's office.
8. **Violation of Policies:** The Angels' Harbor Office has the right to deny supervised visitation services to any party and/or guest for violation of policies or if participation poses a danger to the child, parent, others in the program and AHSV staff.
9. **Cancellation:** Timely 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 a \$75.00 no-show fee. In case of an emergency the day of a visit, call should be made to site supervisor at least 2-hours prior to visit start time to avoid no-show fee. Site supervisor cell number will be in your Welcome Packet. Do not call/text supervisor cell number except on visit date. If parties mutually agree on the cancellation of a visit, **both** parties must notify the Angel's Harbor office to avoid non-show fees. If a parent has two consecutive no-shows, visits can be suspended or terminated, and notification will be provided to attorneys.

VISITATION POLICIES AND GUIDELINES 1-14

1. **Alternate Pick-Up:** Each custodial party must designate an alternate competent adult to pick-up the child(ren) should they be unavailable. This designee must have a valid driver's license provided upon request. Criminal History will be collected.
2. **Animals:** No animals of any kind will be allowed except for registered service animals.

3. _____ Arrival/Departure: For the safety 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. The custodial or their designee is not allowed on the visitation site premises prior to the start time or ending time of the visit. 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. 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. IT IS IMPERATIVE BOTH PARTIES COMPLY WITH THESE TIMES.

5. _____ Cell Phone: 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. In case of an emergency, the supervisor will contact you.

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.

7. _____ Child Pick-Up: If a child is not picked up within 10-minutes of a visit ending, 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 will be due upon arrival.

8. _____ Contact Information: Both parties are responsible for providing AHSV with updated contact information, including home address, home and/or cell number, and e-mail address. If mail or email is returned, phone numbers are incorrect or office cannot leave a message, there will be a \$5.00 charge assessed to the party.

9. _____ Electronic Devices: Electronics may only be used for games and videos. Devices cannot be used for internet access at no time during a visit or the child will not be allowed to bring the device back to the visit.

10. _____ Food/Child Items: All food and drinks must be unopened and in spill proof containers. Baby bottles, baby food, blankets, diapers, change of clothing must be provided by the custodial or person delivering the child on the first visit. The custodial should provide clear information regarding the child's special needs, diet, and clothes or diaper size.

11. _____ 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.

12. _____ Photographs: Photos are allowed during a visit apart from a convicted sex offender and flight risk. Photos taken must not consist of any participant, worker, child, or adult in the program.

13. _____ Records: Visitation records are only released upon service of a subpoena. A fee of \$1.00 per page is assessed to the party/attorney requesting copies. Testimony offered by AHSV staff is available at \$100.00 per hour with a minimum of 4-hours. A subpoena requesting testimony requires a deposit of \$200.00.

14. _____ Staff: Supervisors and monitors observe and document conversations, activities, and behaviors of all participants during visitation interaction. Staff does not document what they do not hear or see.

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. _____ The non-custodial party must 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 parent 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 best interest of the child is the highest priority.
4. ____ Staff members 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 concerns 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. If suspected of drug or alcohol use and attempts to leave the site with the child, law enforcement will be contacted, provided with vehicle information and the parent's driver's license.
6. ____ Notes, gifts, child support payments, money, mail, cards, etc. for the other party 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.

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 obtains 3-refusals to enter the visit, the custodial party will be responsible for fees of the 3rd 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 Code

Child Last Name: _____

Parent Name: _____

Custodial

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?

- | | |
|---|--|
| <input type="checkbox"/> AA - ALCOHOL ABUSE | <input type="checkbox"/> CPS - CHILDREN PROTECTIVE SERVICES-ON GOING INVESTIGATION |
| <input type="checkbox"/> DA - DRUG ABUSE | <input type="checkbox"/> DV - DOMESTIC VIOLENCE |
| <input type="checkbox"/> FR - FLIGHT RISK | <input type="checkbox"/> FV - FAMILY VIOLENCE |
| <input type="checkbox"/> IV - INCONSISTENT VISITS | <input type="checkbox"/> LC - LIVING CONDITION |
| <input type="checkbox"/> MUTUAL | <input type="checkbox"/> MH - MENTAL HEALTH |
| <input type="checkbox"/> NEG – NEGLECT | <input type="checkbox"/> PS - PARENTING SKILLS |
| <input type="checkbox"/> R – REUNIFICATION | <input type="checkbox"/> PA – PARENTAL ALIENATION |
-
- | | |
|--|-------------|
| <input type="checkbox"/> PAC - PHYSICAL ABUSE OF CHILD BY _____ | Year: _____ |
| <input type="checkbox"/> PAAC - PHYSICAL ABUSE OF ANOTHER CHILD BY _____ | Year: _____ |
| <input type="checkbox"/> SAC - SEXUAL ABUSE OF CHILD BY _____ | Year: _____ |
| <input type="checkbox"/> SAAC - SEXUAL ABUSE OF ANOTHER CHILD BY _____ | Year: _____ |
| <input type="checkbox"/> 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

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: _____

ZERO TOLERANCE DRUG POLICY IN A SUPERVISED SETTING

Angel's Harbor Supervised Visitation, Inc.
WAIVER AND RELEASE OF LIABILITY FOR CUSTODIAL

A Agreement release between the participant and AHSV.

IN CONSIDERATION OF the risk of injury while participating in the AHSV SUPERVISED VISITATION DURING THE COVID-19 PANDEMIC (“hereinafter supervised visitation”); and

IN CONSIDERATION OF my desire to participate in said Supervised visitation and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, “Releasor,” “I” or “me”, which terms shall also include Releasor’s parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Supervised visitation; and

I HEREBY release and forever discharge ANGEL’S HARBOR SUPERVISED VISITATION, INC., located at 1 Hermann Museum Circle Dr., Houston, TX 77004, their affiliates owner, directors, supervisors, attorneys’ staff, volunteers, heirs, representatives, predecessors, successors, and assigns (collectively “Releasees”), from any physical or psychological injury that I or my child may suffer as a direct result of my participation in the aforementioned Supervised visitation.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED SUPERVISED VISITATION DURING THE COVID-19 PANDEMIC AND I AM PARTICIPATING IN SUPERVISED VISITATION ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS’ NEGLIGENCE. NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME DURING MY PARTICIPATION IN THE ANGEL’S HARBOR PROGRAM.

I FURTHER AGREE to indemnify, defend, and hold harmless the Releasees against any all claims, suits, or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney’s fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event on behalf of Releasees. In the event that parties or child should require medical care or treatment, I authorize Angel’s Harbor Supervised Visitation, Inc. to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE participating in supervised visitation during the COVID-19 pandemic, a person’s physical limits may carry with it the potential for death, serious injury. I agree not to participate in Supervised Visitation unless I am medically able to do so.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS “WAIVER AND RELEASE” AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Angel’s Harbor Supervised Visitation, Inc. AND ALL OF ITS AFFILIATES OWNER, DIRECTORS, SUPERVISORS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PRESUCCESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST ANGEL’S HARBOR SUPERVISED VISITATION, INC.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Angel's Harbor Supervised Visitation, Inc. its agents and employees.

I agree that this Release shall be governed for all purposes by the state of Texas law, without regard to any choice or conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect, or recklessness, I, acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN EFFECTIVE FOR THE DURATION OF MY FAMILY OR MY PARTICIPATION IN THE SUPERVISED VISITATION PROGRAM, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

A AGREEMENT was entered into at arm's-length or email, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, _____ and Angel's Harbor Supervised Visitation, Inc. agree that a agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of a agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within the Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of a agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of a agreement shall remain in full force and effective. If a court should find that any provision of a agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, that said provision shall be deemed to be written, construed, and enforced as so limited.

In the event of an emergency, please contact the following person (s) in the order presented:

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING A AGREEMENT. I CERTIFY THAT I HAVE READ A AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Participant's Name: _____

Participant's Address: _____

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I HEREBY CERTIFY that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name: _____

Relationship of Minor: _____

Signature: _____

Date: _____

Angel's Harbor Custodial Interview Questionnaire

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 indecency and/or sexual abuse with a child? Year:

Has there ever been a conviction of sexual abuse with a child? 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.

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

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:** _____

Document will not be accepted if not completed and signed.

Background check done by: _____ Date: _____