



ANGEL'S HARBOR SUPERVISED VISITATION, INC.

P. O. Box 88172, Houston, TX 77288

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

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

NON-CUSTODIAL PRIVATE VISIT REGISTRATION PACKET

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

Relationship to child (ren): _____

Child (ren) Last 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: _____

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: _____

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

NON-CUSTODIAL PRIVATE VISITATION AGREEMENT TO PARTICIPATE

The Agreement to Participate 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 your Intake Interview. 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.

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

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:** Private visitation fees start at \$55.00 for two 2-hours (minimum) and \$30.00/hourly thereafter and will be collected at the beginning of the visit. Fees are payable by cash, cash app with a \$2.50 surcharge. 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. Personal checks are not accepted. If entire fee is not paid at the beginning of a visit, there will be NO visit. If 2-supervisors are needed for the visit, the party responsible for fees must pay for both supervisors fees. Fees are subject to change without notice.
4. _____ **Holiday Fee:** 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:** Guest may attend visits after non-custodial completes four (4) visits. 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:** Timey 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. All parties must give reason as to why the visit is being cancelled. 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 the site 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 1-11

1. _____ **Animals:** No animals of any kind will be allowed except for registered service animals.

2. _____ 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 (conditional), 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.

3. _____ 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. Phones are available in case of emergency.

4. _____ 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.

5. _____ 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, or phone numbers are incorrect, office cannot leave a message, there will be a \$5.00 charge assessed to the party.

6. _____ Electronic Devices: The non-custodial and 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.

7. _____ 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.

8. _____ 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. (Video and audio prohibited).

9. _____ Private Visit Request: Custodial party will be informed of Private visit 14-days in advance, weekends included or by the 15th of month (case-by-case basis).

10. _____ Records: Visitation 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.

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

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 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 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 copy of 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, 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 meet the staff prior to the first scheduled visit (if time permits). If a child refuses to enter for the visit, a report will be prepared for the court and the custodial will be responsible for fees of that visit.
2. ____ 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.
3. ____ I understand the Angel's Harbor Office's visitation schedules may vary from the court order. If the Angel's Harbor Office is unable to provide services under precise terms of the court order and the parties do not 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: _____

Non-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: _____ |

Non-custodial Guest Request Form

All guests must be relatives or named in the court order. There are special circumstances that may apply (case-by-case). Enter all guest that will be visiting the child. Please review the following guidelines.

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

Space: The number of guests may be limited due to space availability and supervisor.

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

Private Visit Deadline: All guest requests must be submitted in the Private Visit Request Form to our office **before** 12 (noon) Wednesday, 14- days prior to your requested visit date.

Private Visit Fee: All private visit fees are payable in cash, cash app. (with % fee) or Zelle upon **first** arrival of the supervisor (NO EXCEPTIONS). Personal checks are not accepted. You are responsible for the cost of **ALL** entrance, meals, and entertainment fees. Supervisor should not pay for any out-of-pocket expenses.

Private Visit Location: Private Visits are to be held at one location, child will not be transported by supervisor, non-custodial or non-custodial relatives, guest, or friends.

Additional Supervisor: If an additional supervisor is needed, you will be responsible for both supervisors' fees. AHSV will determine all factors such as Violent Temperament, Flight Risk, More than 2 children, More than 2 guests, Sex Offender or Drug Use.

Mileage: A mileage fee may be assessed depending on distance of Private visit.

Guest: No guest will be considered the day of a visit. No guest will be allowed until after non-custodial party 4th visit with child (ren). NO GUEST is allowed if visit fees are not current. There will be a criminal background check completed on each requested guest. All guests are required to follow the same rules as the non-custodial. Failure to comply may result in suspension or termination of non-custodial privileges.

Guest Fee: A \$20.00 guest fee per person. All approved guests must present valid state-issued identification to the supervisor at each visit.

Severe Weather: If AHSV is informed of severe weather, visit may be cancelled and will need to be rescheduled at no cost to AHSV.

Secondary Location: All Private visits held at a park will need to provide a secondary location for issues such as rainy and cold days that will not permit a child to be outside.

All conditions of this "Guest" document are subject to modification with or without notification to parties. I understand the rules are subject to change at the discretion of the Angel's Harbor program or to accommodate special circumstances or court order.

Non-custodial Name: _____

Date: _____

(Scan in PDF Format **Only**)

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 Disclose Statement

Child (ren) 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: _____

Custodial / Non-custodial

Angel's Harbor Supervised Visitation, Inc.
WAIVER AND RELEASE OF LIABILITY FOR NON-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 Non-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 used, as well as how to best provide a safe environment for the child (ren). Regardless of what is stated, Angel's Harbor is a professional organization and remains neutral; we do not side with either party therefore, AHSV is expecting truthful answers to the questions below. AHSV is not here to judge anyone, we are only here to help.

What is the reason for the child needing supervised visitation?

Briefly describe any concerns you have regarding visitation with your child.

Do you have a history of or current Anger issues?

**Have you ever been ordered to take Parenting or Anger Management classes?
Year:**

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 an open to carry license?

Have you ever been incarcerated? Reason:

Do you have any physical, mental health issues or any special needs that could affect visits?

Is there any substance abuse that could affect visits? Are drugs still being used?

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

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

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

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

Have you ever been convicted of sexual abuse with a child? Year:

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

When was the last time you spoke or seen your child (ren)?

Describe your relationship with your child (ren)?

What are your 3-12-month goals while participating in the AHSV program?

Have you ever kidnapped or tried to kidnap the child (ren)?

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: _____

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:** _____

Document will not be accepted if not completed and signed.

Background check done by: _____ Date: _____

CRIMINAL HISTORY