



Date \_\_\_\_\_ Custodial \_\_\_\_\_ Visiting \_\_\_\_\_ Guardian / Other \_\_\_\_\_

### Interview for Supervised Visitation or Monitored Exchange

The State of California requires a thorough interview process. This includes a gathering of information to determine safety risks and needs. You will need to provide a copy of your Driver's License or photo ID, copies of all Court documents relating to case (divorce, custody, supervised visitation order, protective order, etc.), a report of written records relating to Domestic Violence (DV), a report of allegations of abuse or substantiated abuse, a report of the child/ren's health and any special needs. Information received during Supervised Visitation or Monitored Exchange services is not confidential. Monitors are required to submit a report to the Court and copy all parties involved when requested and paid for.

If there has been DV or abuse, it is important to establish a parenting plan with your attorney and have it approved by the Court. This will establish custody, visiting times and responsibilities of each Parent.

Family Law Case Number \_\_\_\_\_ Next Court Date \_\_\_\_\_

\_\_\_\_\_ Supervised Visitation \_\_\_\_\_ Monitored Exchange and/or \_\_\_\_\_ Child Transportation

Can you receive services in English? \_\_\_\_\_ yes \_\_\_\_\_ no

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation / Workplace: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

*(A copy of your photo ID will be required.)*

Vehicle Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Color: \_\_\_\_\_

Other Parent Name: \_\_\_\_\_

**Children**

Name	M/F/N	DOB	Medical Issues
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**In case of emergency / alternative designee** that your Monitor has permission to contact and/or release child/ren to. This person must be allowed via Court order or must NOT be listed as a person who must stay away from the child/ren.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

**Are you represented by an attorney? \_\_\_\_yes \_\_\_\_no**

(Please provide an attorney business card if you have one).

**Attorney Name and Phone for:**

Custodial: \_\_\_\_\_

Visiting: \_\_\_\_\_

Child/ren: \_\_\_\_\_

**Social Worker Name and Phone:** \_\_\_\_\_

## General Questions:

1) Have you or the other parent ever said there is a concern about family violence?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

2) Has a request for a protective (restraining) order be filed by either Parent against the other Parent in the past five years? \_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

3) Is there a current protective (restraining) order?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

If yes, does the restrained Parent own weapons? \_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

4) Do you have any concerns about the safety of the child/ren?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

5) Do you have any concerns about your safety when you are around the other parent?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

6) Do you have any concerns about substance use (drugs, alcohol or prescription) by the other parent?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

7) Are there any mental health issues impacting the other parent or child/ren?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

8) Is there a written report of suspected or substantiated abuse by the other parent?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

Describe: \_\_\_\_\_

9) Do you or your child/ren have any health issues your Monitor should know about?

\_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure Describe:\_\_\_\_\_

\_\_\_\_\_

If yes, how can we help keep you and your child safe?

Describe:\_\_\_\_\_

10) What is your understanding of the need for SV or ME? Describe:\_\_\_\_\_

\_\_\_\_\_

11) When is the last time you and your children were together? Describe:\_\_\_\_\_

\_\_\_\_\_

**Use this space for any additional information you would like to share:**

Signed \_\_\_\_\_ Date \_\_\_\_\_