Interview Form for Supervised Visitation and/or Monitored Exchanges

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, proof of insurance, and copies of Court documents relating to your case (Divorce, Custody, Supervised Visitation Order, Protective Order, etc.), as well as reports of allegations of abuse or substantiated abuse, and a report of the Child/ren's health and any special needs. Information received during Supervised Visitation (SV) and/or Monitored Exchanges (ME) is not confidential. Monitors are required to submit Observational Reports when requested and paid for. Requested and paid for Observational Reports will be sent to:

- Visiting Parent
- Non-Visiting Parent
- Attorneys of record, if applicable
- Minor's Counsel, if applicable
- Social Workers, if applicable.

In cases of domestic violence or abuse, it is important to establish a parenting plan with your attorney and have it approved by the Court. This will establish custody, visitation times, and the responsibilities of each Parent.

General Information:

Family Law Case Number: _____ Next Court Date: _____

_____ Supervised Visitation _____ Monitored Exchanges

Can you receive services in English? _____ Yes _____ No

Your Name: _____, ____ Visiting Parent ____ Non-Visiting Parent

Address: _____

Phone number: _____ Alt. phone: _____

Email Address: _____

Driver's License (State and Number): _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____

Other Parent Name: _____

Children:

Name	M/F/N	DOB	Medical Issues

Emergency Contact:

In the event of an emergency and you cannot be contacted, Safe and Sound Visitation Monitoring ("SASVM") has permission to contact and/or release the Child/ren to: *This person may not be a restrained person listed on any Court documents.

Name: _____ Relation: _____

Phone: _____ Alt. Phone: _____

Legal Representation:

Are you represented by an attorney: _____Yes _____No

Attorney's Name, Phone Number and Email:

Non-Visiting Parent: _____

Visiting Parent: _____

Minor's Counsel: _____

Social Worker: _____

General Questions:

1. Is there, or has there ever been, a concern about family violence?

   _____ Yes _____No Please describe: _____

   _____

2. Has a request for a Protective/Restraining Order been filed by either Parent against the other Parent in the past five years?

   _____ Yes _____ No Please describe: _____

   _____

3. Is there currently a Protective/Restraining Order in place?

   _____ Yes _____ No

   If Yes, does the Restrained Person own weapons?

   _____ Yes _____ No _____ Unsure Please describe: _____

   _____

4. Do you have any concerns about the safety of the Child/ren?

   _____ Yes _____ No _____ Please describe: _____

   _____

5. Do you have any concerns about your safety?

   _____ Yes _____ No Please describe: _____

   _____

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

   _____ Yes _____ No Please describe: _____

   _____

7. Are there any mental health issues impacting the other Parent or Child/ren?

   _____ Yes _____ No Please describe: _____

   _____

8. Is there a written report of suspected or substantiated abuse (physical, verbal, emotional) by the other Parent?

   _____ Yes _____ No Please describe: _____

   _____

9. Do you or your Child/ren have any mental health issues SASVM should know about?

_____ Yes _____ No Please describe: _____

_____

10. What is your understanding of SV and/or ME? Please describe: _____

_____

11. When did you and your Child/ren last spend time together? _____

_____

Please use this space for any additional information you would like to share with SASVM:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Printed Name: _____

Signature: _____ Date: _____

SASVM Leadership: _____ Date: _____