



INTAKE AND ORIENTATION FORM
(This form MUST be completed BEFORE any visits take place)

NONCUSTODIAL PARENT CUSTODIAL PARENT

Today's Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Occupation: _____

Driver's License Number: _____ Passport Number: _____
(A photocopy of your DL or Passport will be requested prior to the scheduled visit and/or each scheduled visit as part of our safety and security protocols)

VEHICLE INFORMATION:

Make: _____ Model: _____ Year: _____
(A photocopy of your car and license plate will be taken prior to each scheduled visit as part of our safety and security protocols)

CHILD(REN) INFORMATION

1. Name: _____ Date of Birth: _____ Age: _____

2. Name: _____ Date of Birth: _____ Age: _____

3. Name: _____ Date of Birth: _____ Age: _____

****No one else will be allowed to participate in supervised visitation unless all parties agree, or it is stated in the Court Order.***

EMERGENCY CONTACT INFORMATION
(if needed, Emergency Contact MUST bring a Photo ID)

Name: _____ Phone Number: _____

Relationship to Child(ren): _____



ATTORNEY INFORMATION

Name: _____

Phone: _____ Email: _____

OTHER PARTY'S ATTORNEY INFORMATION

Name: _____

Phone: _____ Email: _____

JUDICIAL OFFICER'S INFORMATION

Name: _____

Courthouse: San Diego North County Southbay East County

Case Number: _____ Next Court Hearing Date: _____

Have you been to an orientation about family court services mediation yet? YES NO

EXCHANGE INFORMATION

Court Ordered Monitored Exchanges is as follows:

When was the last time NONCUSTODIAL PARENT visited with child(ren)? *(Provide a date if possible and how long was the visit for?)*

What is the Reason for Monitored Exchanges?



DETAILED QUESTIONS

Please answer all questions. We need to know about your case to ensure the safety and protection of you and your child(ren) and everyone involved.

- 1. Have either you or the other parent said that there are concerns about family violence? YES NO
- 2. Has a request for a restraining order been filed within the last five years? YES NO
- 3. Is there a restraining order in place right now? YES NO

If YES, does the other parent own any weapons? YES NO

- 4. Do you have any concerns about **the safety of the child(ren)** when the child(ren) is with the other parent? YES NO

*If YES, your Professional Provider of Monitored Exchanges will talk with you about your concern but if there is anything you would like to share now, please use the lines below. You can **voluntarily choose** to not provide information.*

- 5. Do you have any concerns about **YOUR** safety around the other parent? YES NO

*If YES, your Professional Provider of Monitored Exchanges will talk with you about your concern but if there is anything you would like to share now, please use the lines below. You can **voluntarily choose** to not provide information.*

- 6. **Substance Abuse:** Do you have concerns about drug or alcohol use or abuse by the other parent (or within the family)? YES NO

*If YES, briefly describe your concern(s), please use the lines below. You can **voluntarily choose** to not provide information.*



7. **Physical Abuse:** Is there any report of written records of allegations of violence or abuse?
YES NO

8. **Mental Health concerns impacting child(ren) currently?** If you have concerns about mental health issues in this case, please explain; however, *you can voluntarily choose to not provide information.*

9. Does your child(ren) have any health needs or a chronic health condition we should be aware of for the purpose of the Supervised Visit? YES NO

If YES, briefly describe on the lines below.

10. **Concerns:** Is there anything that you feel we need to know to better meet your

Are there any other concerns?

11. If a car seat is needed, who will be responsible to provide it? Custodial Noncustodial

12. Reports are \$20.00 per page and must be paid for in advance of release of report. Will supervised visitation reports be required? If yes, indicate who will be responsible for payment and where we need to send them to:

Name of party responsible for payment: _____

Where does report need to be sent? Address or Email Address:
