

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 are not confidential. Monitors are required to submit a report to the Court and copy all parties involved.

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 _____

For office use:

Intake by _____ Date _____