

Welcome to Safe Harbor!

The Supervised Visitation and Safe Exchange program is located at Safe Harbor, A Children’s Justice Center, 2712 Thomes Ave, Cheyenne, WY 82001.

Safe Harbor is committed to providing the best possible services to meet your needs. The purpose of this letter is to provide you with a brief description of the Supervised Visitation Center Program and let you know what information you need to bring with you for the orientation session. ***You must complete the orientation session before visits or exchanges can begin.***

Each party completes the orientation session at individual times. This will give you an opportunity to share your story and concerns with the program staff and to learn how the program works. Please take the time to complete the attached paperwork to the best of your ability. The information helps us better understand your situation so that we may assist you and your children in feeling safe and comfortable. Please know that personal information is kept in the strictest confidence. Your cooperation is greatly appreciated.

The visits and exchanges are scheduled based on what time is available on the program’s schedule, the referring agency’s request, and input from all parties. Please call the center at (307)-632-1708 if you have any questions.

**Read the enclosed information about the supervised visitation/exchange program.**

**Complete the application forms and drop off or email to the center.**

**Call the visitation center to schedule an orientation appointment. (307)632-1708.**

**Bring your driver’s license, auto insurance, and court order, if applicable, to the orientation appointment.**

Please feel free to ask any questions you may have during your orientation appointment. We look forward to offering a safe, structured environment for your visit or exchange.

Thank you,

CeeJae Pixler

Programs Director

Safe Harbor, A Children’s Justice Center

**Mission**

The mission of the Safe Harbor Visitation Program is to provide a safe, secure and home-like environment for families who have been affected by abuse, neglect, divorce and/or separation so families can rebuild relationships through supervised visitation and neutral exchange services. Under the supervision of trained staff, families can maintain their attachments.

**Purpose**

The Program is a community-based program designed to provide a safe and fulfilling supervised family visitation and safe, neutral exchanges of child(ren) between custodial and non-custodial parties.

*-Custodial Party has been established by law, to primary physical custody of the child(ren).*

*-* *Non- custodial Party does not have custody of the child(ren).*

**Explanation of Services Provided**

**In House Supervised Visitation:**

During a supervised visit at Safe Harbor, a trained supervisor is present in the visiting room at all times. The supervisor will intervene if there is a question as to the child’s comfort level and/or the safety of the child or supervisor. Factual documentation of the visit will be typed during the visit, will be reviewed, and sent to attorneys, caseworkers, and other involved parties agreed upon.

Arrangements will be made so the parties do not have direct contact with each other.

**Safe Exchanges:**

An exchange occurs if there is a divorce or separation in which the adults:

(a) are unable to negotiate a reasonable and workable schedule for exchanges

(b) are unable to adhere to the plan

(c) have difficulty keeping their behavior towards each other within appropriate boundaries

(d) there is a restraining order involving the parties and using Safe Harbor as a safe, neutral place to do exchanges is in the best interest of the children

In an exchange, children are exchanged from the custodial party to the non-custodial party by a “drop off” and “pick up” arrangement under the supervision of Safe Harbor Staff. These exchanges take place at Safe Harbor. Arrangements will be made so the parties do not have direct contact with each other.

Documentation of exchanges will be written at the time of the exchange by Safe Harbor Staff and sent to attorneys or caseworkers, once a records release fee has been paid.

**Community Visits:**

If a court order permits, Safe Harbor deems appropriate, and/or if all legal parties agree, visitation can take place in the community at a location approved by the Program’s Director and/or Executive Director. Community visits are supervised by trained staff who will intervene if there is a question as to the child’s comfort level and/or the safety of the child or supervisor. Factual documentation of the visit will be written during the visit, will be reviewed, and sent to attorneys, caseworkers, and other involved parties agreed upon if the release fee has been paid.

**Zoom/Phone Visitation:**

Zoom/Phone visits only occur if a referral is made by DFS, Court Order is provided, or if the children and/or visiting party lives out of State. These are the only visits that will take place in 30-minute increments. All parties utilizing this service must follow ALL guidelines, rules, and policies.

**Department of Family Services (DFS) Visitation:**

Safe Harbor provides Visitation services for DFS. In order to do so, Safe Harbor must receive a referral from the DFS Caseworker. Once the referral is received, visiting parties and foster parents (if they have not already) must complete an orientation. Once completed, visitations will begin. DFS is a governing agency, therefore rules and policies can and will change based on Case Plans, DFS Guidelines, and Judge requests.

**FOR ALL SERVICES PROVIDED BY SAFE HARBOR, THERE WILL BE A 15-MINUTE WINDOW IMPLEMENTED FOR DROP-OFF/PICK-UP PARTIES.**

There will be no contact between the “custodial or delivering” party and the “visiting or pick up” party unless otherwise indicated in a court order.

* The custodial or delivering party will arrive 15-minutes before the visitation time starts. If the custodial party arrives any earlier than 15-minutes, they must stay with their child(ren). The children will be left in the supervision of Safe Harbor Staff.
* The custodial party is expected to leave the premises immediately.
* The visiting or pick up party will arrive at the time agreed upon.
* The visiting party will leave at the scheduled end time.
* The custodial party will pick up 15-minutes after the scheduled end time.

**This is subject to change, on a case-by-case basis, as families move through the Visitation/Exchange Program and work towards successfully co-parenting.**

**Hours of Operation**

Office Hours: Monday - Friday 8:30a.m. – 3:30p.m.

Visitation hours are Monday through Friday 9a.m. to 8p.m. Saturday and Sunday hours depend on facility and staff availability. Phone calls after hours are not always answered.

Weekend Exchanges are Friday 6:00 – Sunday 6:00. Additional hours are available evenings and weekends on a case-by-case basis.

## **Holidays**

On the following days, the Safe Harbor office will be **CLOSED** and there will be **NO** supervised visits. Supervised visits **DO NOT** need to be made up. Custodial parties may schedule an “extra” visit. Exchanges can & will be scheduled upon the **discretion of the contract worker/Safe Harbor.**

 New Year’s Eve – December 31st

 New Year’s Day – January 1st

Independence Day – July 4th

Cheyenne Day – Last Wednesday of last full week in July

Thanksgiving

The day following Thanksgiving

Christmas Eve – December 24th

Christmas Day – December 25th

The day after Christmas – December 26th

Easter

Mother’s Day

Father’s Day

Labor Day

Columbus Day

Presidents Holiday

Martin Luther King Day

Memorial Day

Veterans Day

## **Orientation**

* All participants must complete an orientation before any visitation/exchange services can be scheduled.
* An orientation **NON-REFUNDABLE** fee of $35.00 must be paid prior to the start of the orientation.
* Phone orientations will only be allowed if you live more than 1.5 hours from Cheyenne.
* All participants must agree to sign all program forms and releases.
* For identification purposes, each party is required to bring a state-issued ID.
* A financial screening is available; please ask for the necessary paperwork. If your case does not qualify for financial assistance, you will be instructed to pay the fee amount.

**Scheduling**

Both parties must complete the orientation process with the Programs Director **before** the first visit is scheduled. Both parties must provide a copy of court orders, if applicable, with their application. Both parties must agree to a specific time and date for a visit. **Reasonable** efforts must be made on both party’s parts. All scheduling Supervised family visitations will take place at Safe Harbor, A Children’s Justice Center. All visitations will be between **1-3 hours in length unless prior arrangements have been made** and all parties agree it would be in the best interest of the child. Visitations only take place in **ONE**-hour increments.

\*Supervised visits and exchanges will be determined by Safe Harbor based on the availability of Safe Harbor staff and time slots. Court orders will be accommodated as closely as possible.

## **Contract Workers**

## Each Family will be assigned a Contract Worker. They are here to help families move smoothly through the Safe Harbor Supervised Visitation/Exchange Program. They can help with any questions and concerns. Contract Workers will document supervised visits and exchanges and aide in scheduling, accounting information, recaps, and any other issues that may arise. Our Contract Workers are trained to intervene if rules are broken or if the safety of the child(ren) is compromised.

Contract workers are **NOT** allowed to do the following:

* Give legal advice
* Verify visitors
* Make payment arrangements
* Engage in conversations or activities with the family during a visit, unless asked a direct question
* Provide clients with their personal phone numbers
* Accept food or drink from clients
* Accept gifts from clients
* Leave clients/children unattended

\*\*Please note, Safe Harbor staff, Director, and/or Programs Director will **NOT** relay messages, mail, etc. between clients. This includes forgotten items or items that were not returned at the time of the exchange. This correspondence must go through attorney’s or the parenting app.

## **Cancelation of a Visit/Exchange**

## Safe Harbor Staff must be contacted at least **24 hours** in advance of the visit/exchange if cancelation is necessary.  **If the canceling party does not reach a Safe Harbor Staff person, the party must leave a voice message on the answering machine regarding why the visit/exchange is being canceled.** Three cancelations in a row or frequent cancelations will result in suspension of visits/exchanges.

If the visiting party cancels a visit, it is **not** Safe Harbor’s policy to reschedule a visit. A visit will **ONLY** be rescheduled if it is court or work related**.**

Safe Harbor reserves the right to close due to weather, holidays, or unavoidable commitments (court or forensic interviews). Notification will be given to the appropriate parties. Visits/Exchanges may not be rescheduled due to holidays but will be rescheduled if canceled due to weather and/or court related incidents.

If the custodial party cancels a visit for **ANY** reason, the visitation time **MUST** be made up within a two-month period. If the custodial party is unwilling or refuses to make-up missed visitation time, a letter will be written on behalf of the non-custodial party, and sent to appropriate parties and added to the file.

**If no cancellation notification is given 24 hours before the scheduled visit, the canceling or no-show party is responsible for the entire fee for the canceled visit. The payment must be paid prior to the next scheduled visit.**

If a visit is canceled, it is **NOT** Safe Harbor policy to inform the other party of the reason for the cancelation. A cancelation form will be typed up, and provided to attorneys, if the release fee has been paid.

All cancelations must be called into the office, emails will not be accepted as excused cancelation.

All cancelation must be made from our clients. Safe Harbor will not accept cancelation through a third party such as attorneys, caseworkers, grandparent, etc. The only exception is if there is a medical related emergency, to include hospitalization.

Please note, Safe Harbor staff will inform all parties if a cancelation has been made. **However, Safe Harbor is not held responsible if we are unable to reach either party and/or leave a voicemail.**

**Child(ren) and Extracurricular Activities**

Safe Harbor understands children may be involved in extracurricular activities, in and out of school. Safe Harbor encourages such activities and will accept them as an appropriate cancellation, so long as the custodial party is willing to make up the missed visit. If extracurricular activities will be interfering with visitation on a regular basis, Safe Harbor reserves the right to request a schedule and adequate notice must be given if the visitation must be rescheduled. If such activities continue to interfere with the scheduled time, Safe Harbor and involved parties can look at scheduling a new visitation time. However, if the custodial party is not willing to make-up the time or set a new visitation time, a letter will be written and dispersed to the appropriate parties.

**Positive Co-Parenting**

To help families move effectively through our Visitation/Exchange program, Safe Harbor focuses on a positive co-parenting environment.

**Each party agrees…**

* They will make determined efforts to safeguard their child(ren)’s mental, emotional, physical, and psychological well-being
* Take all measures necessary to foster a feeling of affection between their child(ren) and the other party with neither doing anything that may create distance between the child(ren) from the other party or damage their child(ren)’s high regard for the other party
* To provide an emotional environment which encourages love for the other party and the desire to spend time with that party
* To encourage good feelings about the other party and that party’s extended family
* To be flexible in arranging dates and times of visitation
* To commit to regular and consistent visitation with their child(ren)
* To avoid trying to “buy” affection or “manipulate” the judgment of the children
* To treat each child as a unique person, respecting their feelings and needs

**Client Guidelines for Supervised Visits and Exchanges**

* If the visiting or pick up party is **15 minutes late** arriving for the visit, the visit/exchange will be canceled and the child(ren) will be sent home with last party to drop them off. No exceptions will be made unless the party has called before the schedule time and/or left a message on the answering machine.
* If the **CUSTODIAL** party is late dropping child(ren) off, the supervised visit/exchange will be extended from the regularly scheduled time. **NO EXCEPTIONS.**
* If the custodial party is late picking their child(ren) up after the visitation/exchange has ended, it will result in an extra fee to be paid by the custodial party, at the time of pick-up. If this fee cannot be paid at the time of pick-up, it must be paid within 24 hours. Failure in payment will result in written documentation being sent to attorneys and other appropriate parties.
* Three consecutive missed supervised visits/exchanges will result in suspension of visits for a period of one month and/or a reduction in visits. Unless a doctor’s note is provided.
* The custodial party **MAY NOT** pick up their child prior to the visit ending. Please make appointments and/or schedule activities around the scheduled visitation time; visitation times rarely change.
* If for any reason at the beginning of a visit, a child is crying, upset, and/or does not want to stay for the visitation, the custodial party must leave. If after 15-minutes into the visit, the child is not settled, the visit will end, and the custodial party will be called to come pick the child up.
* Payment for visitations/exchanges is due at the **BEGINNING** of each visit/exchange. If you are unable to pay for some reason, please place a call to the office and speak with the Programs Director at least 48 hours before the visit.
* If the child or visiting party is ill, there will be no **SUPERVISED VISIT**. If there is more than one child visiting, the child(ren) who are not ill are expected to keep their visitation. If the child is ill for more than **1** visit, a doctor’s note will need to be provided.
* For exchanges, if the child is sick, the exchange will still occur unless a doctor’s note is given indicating why the child is not able to go home with the other parent.
* At no time before, during, or after a supervised visit or exchange is it permissible to serve legal papers to clients on Safe Harbor property.
* No persons with active warrants for their arrest will be allowed on Safe Harbor property.
* Each party or their designee must provide transportation. If you have concerns about who has been designated to provide transportation by the other party, it is your responsibility to take this issue up with your attorney.
* If the party or their designee will be transporting children, each will be required to give a copy of a valid driver’s license, insurance, and have age-appropriate car restraints. **Children will not be released to anyone without these items.**
* The transporting party is required to come into Safe Harbor to get the children. Children will not be allowed to leave the property or walk to the vehicles by themselves.
* Should the Laramie County School District #1 close for a snow day, Safe Harbor will close as well. Sometimes Safe Harbor will close when weather does not permit safe travel; Safe Harbor will call all parties.
* Regardless of the situation, Safe Harbor will not speak with grandparents, extended family, etc. about your case and/or the details of a supervised visitation/exchange. We will only speak to the visiting party/custodial and non-custodial parties or those in which signed up for services and completed an orientation. The only information released to parties who pick up children other than the parent/client will be if the child ate, what they ate, if they slept, or any important event that may have occurred.
* All visitors, drop off and pick up parties, other than the client, are expected to follow Safe Harbor rules/policies. Failure to do so will result in a warning given to the client. Should rules/policies continue to be violated that visitor and/or drop off/pick up party will be unable to come in to the Safe Harbor facility.
* Should you call Safe Harbor and leave a message on the voicemail, please allow at least 24 hours for a return phone call. If a message is not left, a phone call will **not be returned, calling repeatedly and not leaving a message is grounds for termination.**
* Additional guidelines may be added if deemed necessary by the court, caseworker, therapist and other involved parties.

**Supervised Visitation/Exchange Program Rules**

* The visiting party is to provide any needed food, drink, diapers, etc. for their child. The custodial party should provide information to the visiting party about current formula or baby food used, allergies, medicine needs, etc.…Several restaurants will deliver to Safe Harbor. **\*The custodial party may not make decisions in regards to what the non-custodial party brings for a meal/snack. Unless there is a doctor’s note; the non-custodial party is allowed to bring what they want.**
* No food or drink allowed in the living room area.
* The visiting party may not undress the child (unless in diapers) or take the children to the bathroom unsupervised. If the visiting party accompanies a young child to the bathroom, they are to leave the door partially ajar and Safe Harbor staff will stand outside the door. \*Older children must go to the bathroom by themselves.
* If the visiting party needs to use the restroom, ask Safe Harbor staff to watch the child(ren) while the party is gone. **In no case is the party to have a child in the restroom, alone with them, with the door locked.**
* There will be no note passing between parties or parties and children during a supervised visit. This includes cards. All written correspondence must be approved by Safe Harbor staff and a copy of the correspondence will be placed in the clients file (when applicable).
* Safe Harbor staff has the right to inspect all packages and or items brought into Safe Harbor.
* There will be no whispering. The Safe Harbor staff will remain close to the family inside and outside of Safe Harbor. They must be able to hear what the family is saying at all times.
* At no time are secrets allowed. If your child attempts to tell you a secret, inform them it is against the rules and let them know it is okay to be said aloud.
* There is to be no promises made to the child(ren). This includes but is not limited to: How long you need to be at the Safe Harbor facility for visits or exchanges, when you or the child will be coming home, or any discussion about future activities.
* Visiting parents are **NOT** allowed to inquire and/or probe the child(ren) in regards to what they do with the other parent and/or party or ask the child(ren) the location of the present home, school, foster placement, etc.
* There will be no hitting, kicking, spanking, threatening, biting, swearing, or breaking of things. The **ONLY** type of discipline that may be used at Safe Harbor is “time out.” The visiting parent may not yell at their child or take a toy away for more than one visit.
* Markers, pens and/or paint should only be used for arts and craft purposes. Clients and children should not write on one another.
* Socks and shoes must be worn at ALL times.
* There is no sleeping allowed. If you, the parent, fall asleep while visiting with your child you will be woken up and given a warning. Should you continue to fall asleep, the visit will end.
* Physical contact will only be initiated by the child(ren). Safe Harbor staff has the right to determine if physical contact is inappropriate.
* Due to Safe Harbor not being able to determine how hard someone tickles; there will be no tickling allowed.
* There is to be **NO NEGATIVE** conversation or **CURSING.** A **POSITIVE** environment should be present throughout the entirety of the supervised visitation; this includes drop off and pick up by both custodial and non-custodial parties. At times there may be other clients and/or children visiting and we must keep a positive environment for all.
* If the visiting party has multiple children at the visit, it is the visiting party’s responsibility to ensure that everyone stay together. At no time should the family separate; Safe Harbor staff must be able to see and hear all parties at the same time.
* No foreign languages may be spoken unless the Safe Harbor staff is proficient in that language.
* Each family is responsible for cleaning up their area before the end of the supervised visit. This includes but is not limited to, kitchen (if you used), living/dining area, and all trash. **ALL** diapers must be thrown in the outside trash.
* Some rooms at Safe Harbor are off limits. These include the second-floor rooms except for the restroom.
* Videotaping or recording Safe Harbor staff and/or the visitation/exchange is **NOT ALLOWED**. Safe Harbor has cameras throughout the facility. If there is a concern regarding the visit/exchange, please bring it to the attention of the Programs Director who will then review video footage if necessary.
* Visiting party is allowed to take pictures/videos. Please ensure Safe Harbor staff is not present in any pictures/videos. Safe Harbor reserves the right to not allow picture taking on a case-by-case basis.
* There will be no smoking on Safe Harbor property. This includes the front porch, sidewalk and backyard.
* No weapons of any kind i.e.: pocket knives, box cutters firearms etc.
* Once a visit begins, the visiting party is not allowed to leave the premises. This includes going to a vehicle. If you choose to leave the premises, the visit will end immediately. Please bring everything you need with you, to the beginning of the visit.
* Visiting parties may not bring gifts for the children unless it is a specified gift giving day (i.e., birthday’s, Christmas) or unless prior approval has been given. Diapers/wipes and other necessities such as shampoo, soap, toothbrush, etc. are not considered gifts. Monetary gifts are **NOT ALLOWED**. Gift Cards must be approved through the Programs Director.
* Custodial parties may not determine if a child receives or keeps gifts and or clothing. Safe Harbor permits all children to receive gifts and clothing unless otherwise ordered by the court/DFS. If you, as a custodial party, refuse to allow your children to receive and/or take the gifts home, this information will be included in any report which may be submitted to the Court, DFS or other referring agencies.
* All communication with all clients must be conducted over the phone unless otherwise stated or approved by the Programs Director. Cancelation, visitor requests, payment arrangements, and rescheduling will not be honored unless called in.
* Contract staff will give you a 15-minute, 10-minute and 5-minute warning when it is almost time for your visit to end.

\*Clean-up must begin at the 15-minute mark.

\*Goodbyes should be done in the last 5-minutes.

\*Visiting party must walk out of the facility at the scheduled end time.

* Custodial/Pick-Up party must arrive to the facility 15-minutes after the scheduled end time. If you are early, you MUST park on a different block, where you are not visible from Safe Harbor property. In the event you can be seen from Safe Harbor property, Safe Harbor is not responsible for breaking a No Contact order.
* **NO ONE** should accompany the drop off/pick up party or custodial/non-custodial party when exchanging/dropping off the child (ren).
* Rude comments, attitude or disrespectful behaviors toward contract staff will result in your visit ending. A meeting with the Programs Director must be completed before you continue your visits.
* There will be absolutely no discussion regarding the case and court orders. If this happens, staff will redirect the conversation. If the child brings it up, it is the parents responsibility to redirect the conversation.
* Should any rules/policies be broken during the visit/exchange, contract staff will give you a warning. If after 2 warnings you continue to break the rules/policies, you will be asked to leave and the visit will end. If this happens **3** times your visits will be reduced or placed on hold.
* Rules are subject to change at the discretion of the Executive Director and/or Programs Director. Rules may be changed on a case-by-case basis.

Community Visitation Guidelines/Rules

When attending Community Visitations, all parties **MUST** follow all Safe Harbor Visitation/Exchange guidelines, rules, and policies, as well as the guidelines and rules set forth below.

* At least 6 months of **successful and consistent,** in-house visitations, must occur before community visits can be considered.
* The first 3 Community Visits will only take place for 1 hour. This is to gauge how the family does in a less restrictive environment.
* Two Contract Workers must attend the first Community Visit. If the first visit goes well, then only one contract worker will be needed moving forward. This can change at the discretion of the Executive Director and/or Programs Director.
* After 3 successful, 1-hour Community Visits, time may be added at the discretion of the Executive Director and/or Programs Director.
* Community Visits will only be held at a location approved by the Executive Director and/or Programs Director.
* No visitors will be allowed at any Community Visits.
* Rules and Policies are subject to change at the discretion of the Executive Director, Programs Director, Court Orders, DFS Caseworkers, etc.

Failure to abide by any of Safe Harbor rules, policies, and/or guidelines will result in Community Visits ending and in-house visitation will resume.

Alcohol/Drug Use Policy

A supervised visit/exchange will be cancelled if the staff believes **ANY** party appears to be under the influence of drugs and/or alcohol before and/or during visitation/exchange. This includes smell, actions/behaviors, and/or appearance.

Safe Harbor reserves the right to test the party if the party appears to be under the influence of alcohol at a cost of $10.00 per test to the person who seems to be under the influence, regardless of the designated, financially responsible party.

The individual retains the right to obtain a Urinalysis (UA) or BSA at their own expense and bring in the results to Safe Harbor.

A positive test for any substance, will immediately end a visit/exchange, unless it is a DFS case and they say otherwise.

**PLEASE provide a doctor’s note if you are prescribed medication(s) that would alter your normal behavior.**

Consistent behaviors suggesting a party is under the influence, will result in termination at the discretion of the Programs Director and/or Executive Director.

Please note, these policies are subject to change at the discretion of court orders, DFS caseworkers, Guardian Ad Litem, therapist, etc.

**Visitor Policies**

**NO ONE may accompany the visiting party into the center for a visit without prior approval from Safe Harbor’s Programs Director**. You must put in a request each time you want a visitor. This request must be called into the office; emails will not be accepted.

A minimum of 6 consecutive and successful visitations MUST occur before visitors will be considered. Please note, a visitor will NOT be approved for every visit.

Please provide a minimum of **two weeks,** advanced notice if requesting a visitor.

Only immediate family will be allowed to visit (grandparents, spouses, or siblings).

Safe Harbor reserves the right to refuse a visitor for any reason, at any time.

Custodial parties will NOT be advised of visitors unless a court order states otherwise. It will be noted in the documentation and given to attorneys when applicable. Should the custodial party have concerns with who is visiting their child(ren); the concern should be taken up with their attorney.

There is a limit of 2 visitors at one time.

**Termination of Safe Harbor Services**

Failure to follow Safe Harbor guidelines, rules, and/or policies could result in suspension of Safe Harbor services.

Safe Harbor reserves the right to cancel supervised visitation/ exchanges or discontinue services at any time and for any reason.

Client services will be terminated at the discretion of the Executive Director/Programs Director of Safe Harbor.

**If rules, policies and guidelines are broken, you will be asked/warned (verbally) to stop the inappropriate behavior by the Programs Director. Continued violation of these guidelines could result in being brought in for another orientation, which you will be obligated to pay for or, immediate termination. The severity of the event will determine whether or not services are immediately terminated.**

Should services be terminated due to the custodial party, a letter will be written on behalf of the visiting party and will be delivered to attorney, courts, therapist, etc.

I have read and understand the rules and policies and have reviewed them with the Programs Director. I have received a copy and agree to comply with Safe Harbor’s guidelines, rules and policies while visiting and/or exchanging my child(ren).

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**AGREEMENT REGARDING USE OF SAFE HARBOR VISITATION CENTER FACILITY AND SERVICES**

**Your signature on this form indicates you have received and reviewed the following client guidelines/rules for supervised visitation or exchanges. You agree to all contained herein.**

\*The undersigned parent or legal guardian, in consideration of being allowed the privilege of using Safe Harbor visitation center facility, and in further consideration of her/his child(ren) being allowed to use said facility, for herself/himself, her/his child(ren), heirs(s), herby agrees as follows:

1. To understand that all records are the property of Safe Harbor, a children’s justice center. Records are not used for providing, “Health Care” and are not covered under the, “HIPAA law” and therefore are not automatically the personal property of individuals being serviced by Safe Harbor. It is specifically understood and agreed, that periodic reports concerning supervised visitation and exchanges may be generated and copies provided to counsel for record (Attorney’s), the Department of Family Services (DFS) and the Court (Judges). Since Safe Harbor’s records pertain to multiple parties, including those who have grave differences between them and may be used inappropriately against one another, NO records will be given to individual parties. The only exception is those representing themselves in court and records deemed necessary for a court proceeding. Safe Harbor will verify with the court all conditions. Safe Harbor may use any and all information given for research/statistic purposes. All clients will remain anonymous.

**PLEASE NOTE:** In a civil case, documentation will only be sent to an attorney. If a client is not represented by an attorney, court must be scheduled and documentation will be released one week prior. **Pending court is the only time documentation will be given directly to clients.**

1. Understand safety is the utmost concern at Safe Harbor, however, in the rare event the visiting party chooses to leave the Safe Harbor Facility with the child(ren) without consent from the other party and/or against the advice of a court order, Safe Harbor is not obligated to stop and or prevent that from happening for fear of possibly causing injury to the staff, as well as the child(ren) in question. Safe Harbor staff will immediately contact Law Enforcement and make the necessary reports regarding the child and their whereabouts and any information concerning custody arrangements and or risk to the child. As a “Neutral Facility” Safe Harbor will notify “all” parties to the case and or attorneys involved. Should you have reason to believe a child may be taken by the other party, please notify the Programs Director or supervising staff.
2. Understand although Safe Harbor is deemed as a **“Neutral Facility,”** Neutrality does not mean that Safe Harbor shall accept, condone, not document and/or have a professional assessment on prior or current behavior or action of any family member that has been or is abusive, harmful, or disrespectful. Instead, the principle of neutrality is intended to convey respect for the potential importance of each party to his/her child(ren) and to make Safe Harbor a safe place for children where contact with the non-custodial party involves as little conflict between the parties as possible. **PLEASE NOTE: Professional recommendations can and will be given when asked by courts, GAL or counsel. These recommendations will ONLY be given by the Director or Programs Director.**

1. Safe Harbor Supervised Visitation Staff are mandated reporters, so any form of child abuse WILL be reported to Social Services.
2. Safe Harbor reserves the right to determine the eligibility of each party who applies to receive services. **If there is a cause for concern regarding safety of children, staff or other family members, Safe Harbor will choose not to provide services or suspend services if already started.**
3. A reason must be given as to why services are being terminated.
4. This agreement may be terminated by a representative of Safe Harbor for reason, at any time.

(Signature of Applicant)

DONE THIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

Accepted and approved:

 (Safe Harbor Staff Signature)

**Fees and Financial Agreement**

I am applying for services with Safe Harbor Supervised Visitation and Exchange Program. I understand the following information outlines my financial responsibility for payment for services provided. **Each party is financially responsible for their own Court Summaries unless otherwise specified in the Court Order.**

Intake and Orientation Fee $35.00 One-time **NON- REFUNDABLE** fee per party

Supervised Visitation $30.00 per hour

Exchange Fee $20.00 per exchange

$40.00 per exchange if done on a holiday

Community Visitation $50.00 per hour

Telephone/Video monitoring (Zoom) $25.00 per phone call or video session

Alcohol Swab testing $10.00 per swab

Late Pick-up Fee $1.00 per minute

\* Sliding Scale Available

**Costs Associated with Court appearances**:

As Keeper of the Records, the Programs Director or Contract Staff may be subpoenaed for court. Please discuss all subpoenas and related court documents with the Programs Director. **All fees must be paid in full prior to the release of reports, subpoena fulfillment, and/or copying of records. Visitation records will only be sent to an attorney, if an active attorney is not involved records will NOT be sent. PLEASE NOTE:** In a civil case, documentation will only be sent to an attorney. If a client is not represented by an attorney, court must be scheduled and documentation will be released one week prior.

Reports for Attorneys, Court $35.00 to send **once**. Ongoing

basis $50.00. - sent via email. On the first Monday of each month

Court Testimony w/ Subpoena $50.00 per testimony requested

Records re-released/change of attorney $35.00

Fees are payable in **Cash, Venmo, Money Orders or Check and paid IN ADVANCE** of the visitation. No services will be performed unless the fees for those services are paid in full prior to the services being provided.

Fees for services are subject to change (advance notice will be given).

 **A 24-hour cancellation notification is required. If no cancellation notification is given, the canceling or no-show party is responsible for the entire fee for the cancelled visit. The payment must be paid prior to scheduling another visit.**

I understand that payment for all fees is due at the **beginning** of each Supervised Visit or Exchange. If I am unable to pay for sessions, special arrangements must be made with the Programs Director in **advance**, arrangements with the supervision staff may not be honored.

If I do not cancel or reschedule a visitation **twenty-four (24) hours** before the appointed time, the **full fee** (regardless of court ordered responsibility) is charged for the appointment. Only verifiable emergencies or sicknesses will be accepted to ensure no charge, at the determination of the Director & Programs Director. The payment for the cancellation is due at the beginning of the next session. I also understand that services will be discontinued if payments are not kept below $50 and will not be resumed until the account is current.

If I arrive 5-minutes late (after the 15-minute window), to pick up my children, I will be charged $1.00 per minute that is to be paid at the time of pick-up. If I do not have payment at that time, I must provide payment within 24-hours.

\*\*If an insufficient funds check is returned a $25.00 additional fee is charged. If two (2) insufficient funds checks are received from you an additional $15.00 fee will be charged and all further fees must be paid in cash.

**Delinquent Accounts**

If a family becomes delinquent in their fee payment, they, their attorneys, and caseworkers will be notified that their visits/exchanges will be suspended until the fees are paid in full or **payment arrangements have been made with the Programs Director.**

**The terms of this financial agreement have been explained to me and I agree to these terms and conditions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Client/Guarantor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Staff Witness Signature Date

**SAFE HARBOR CONSENT FOR MUTUAL EXCHAGE OF INFORMATION**

CLIENT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

I give permission for Safe Harbor to exchange information concerning members of my immediate family with the following agencies or individuals. In granting such permission, I understand that such information will remain confidential and will only pertain to my case with Safe Harbor.

1. \_\_\_\_\_\_\_Department of Family Services
2. \_\_\_\_\_\_\_Law Enforcement
3. \_\_\_\_\_\_\_Guardian Ad Litem \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_Volunteers of America - VOA (please specify therapist) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_Laramie county School District #1
6. \_\_\_\_\_\_\_Attorney (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_Your Private Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_Health Care Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_Children’s Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release is valid for one year from the date of signature. This release may be revoked or revised at any time by providing a request in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Signature of Parent or Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Signature of Safe Harbor Staff Date

**SAFE HARBOR CLIENT APPLICATION**

PLEASE PRINT

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT MEDICAL CONDITIONS (Please list any prescribed medications and diagnosis)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S CONTACT INFORMATION**

 Ok to leave message?

HOME: (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ YES NO

WORK: (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ YES NO

CELL/OTHER: ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ YES NO

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT PLACE OF EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST GRADE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARITAL STATUS: NEVER MARRIED MARRIED SEPARATED

DIVORCED WIDOWED

BILINGUAL: YES, NO IF YES, WHAT LANGUAGE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A DISABILITY? YES NO

Are you the CUSTODIAL PARTY or NON-CUSTODIAL PARTY

In need of SAFE EXCHANGES or SUPERVISED VISITATIONS

NAME OF OTHER PARTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER OF OTHER PARTY: ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

**THIS INFORMATION IS CONFIDENTIAL**

ATTORNEY’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

APPLICANT’S VEHICLE

Model/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plate#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_

\*A photo copy of driver’s license or ID card and car insurance is required

**IN CASE OF EMERGENCY NOTIFY** (when you cannot be reached):

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

GENDER: MALE FEMALE ETHNICITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

GENDER: MALE FEMALE ETHNICITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

GENDER: MALE FEMALE ETHNICITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

GENDER: MALE FEMALE ETHNICITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Ethnicity is used for statistical purposes only

**OTHER ADULTS ALLOWED TO TRANSPORT CHILDREN**

TO AND FROM VISITS OR EXCHANGES

(PLEASE PRINT)

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE NUMBER: ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

2. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE NUMBER: ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

3. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE NUMBER: ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

\*Please note, a copy of the designated driver’s license and auto insurance will need to be provided at the time of the first transport.

Visitations are scheduled on the same days and times; they **do not** change on a weekly basis. PLEASE PRINT TIMES YOU ARE AVAILABLE FOR VISITS OR EXCHANGES IN THE SPACE BELOW

\*PLEASE NOTE THAT AFTER SCHOOL AND EVENING TIME SLOTS ARE RESERVED FOR SCHOOL AGED CHILDREN AND SCHEDULING IS BASED ON A FIRST COME FIRST SERVED BASIS.

Please share with us a brief history of your relationship with the child’s other parent. For example, length of time in relationship, current situation and any events you feel are or were important.

How would you describe your relationship with the other party?

Tell us about your current (or recent) relationship with your child(ren).