

**Item Exchange**

**Children Visitation Center  
5233 IH 37, Suite C-9  
Corpus Christi, Texas 78411  
361-851-4800**

**CASE NAME:** \_\_\_\_\_  
(Non-Custodial Parent Name)

**Section I - Agreement**

*I hereby give authorization for*

**Children Visitation Center  
5233 IH 37, Suite C-9  
Corpus Christi, Texas 78411**

*To facilitate the exchange of:* \_\_\_\_\_

\_\_\_\_\_

*To:* \_\_\_\_\_ *Custodial Party:* \_\_\_\_\_ *Non-Custodial Party:* \_\_\_\_\_

**Section II – Signature**

*Signature of party supplying exchange -*

*Sign:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print:* \_\_\_\_\_

*Signature of party accepting the exchange -*

*Sign:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print:* \_\_\_\_\_

*Children visitation center Staff Member:* \_\_\_\_\_ *Date:* \_\_\_\_\_