

Safe Haven Visitations LLC

REQUEST TO CHANGE/CANCEL VISITATION

As stated in your signed "Agreement for Services" visitations have been mandated by the Courts and are set. However, either party can request an emergency change. Emergency changes in the schedule **MUST BE REQUESTED via this form, APPROVED BY BOTH PARENTS WITHIN 24 HOURS PRIOR TO THE VISIT and approved by the Provider.** Any other change must be made **one week prior to visitation** in accordance with the Agreement for Services. All change requests are to be personally submitted to the Provider during office hours Monday to Friday, 8:00 AM to 5:00 PM.

If for any reason you are unable to bring the child/ren or attend a visit with your child/ren it is your responsibility to notify the Provider within 24 hours prior to the time and date of the visit. The Provider will confirm cancellations. Any cancellation, MUST BE DONE WITHIN 24 HOURS PRIOR TO THE VISIT. If a cancellation notice is given to the Provider prior to 24 hours of visit, there is no cancellation fee. However, if notice is given with less than 24 hour notice, cancellation fees apply.

I, _____, Custodial Parent (CP) or Non-Custodial Parent (NCP), am requesting that the Professional Supervised Providers Visitation date/time originally scheduled with my child/ren _____, for

Date: _____ Time: _____ be changed as follows:

CHANGED TO:

Date: _____ Time: _____

REASON: _____

Signed by Parent: _____ CP _____ NCP _____

Dated: _____

I agree and acknowledged that change: _____ I disagree with the change: _____

REASON: _____

Signed by Parent: _____ CP _____ NCP _____

Dated: _____