

## Supervised Visitation Client Intake

### Confidential Applicant Information

Date: \_\_\_\_\_ Case Name / Number: \_\_\_\_\_

Custodial Parent: Mother / Father Non-Custodial Parent: Mother / Father

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Wt \_\_\_\_\_ Ht \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ SS #: \_\_\_\_\_

Vehicle Make/Model/Color: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Status of Relationship with the Other Parent:

Divorced Separated Paternity Other

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Date Filed for Divorce: \_\_\_\_\_ Date Divorced: \_\_\_\_\_

Name, Age, and Birthdate of Children to be monitored during Supervised Visitation:

\_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: Number: \_\_\_\_\_

**LEGAL INFORMATION:**

1. What type of allegations of factual charges exist in the Supervised Visitation Case?

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

2. Do you have a restraining order to protect you from the Other Parent? \_\_\_\_\_

3. How many times have police been contacted to enforce the restraining order? \_\_\_\_\_

4. How many times have you been in court about visitation disagreements? \_\_\_\_\_

5. Have there ever been charges filed against you or the other parent for physical abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ Myself \_\_\_\_\_ Other Parent \_\_\_\_\_

6. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please describe the Felony Conviction below)

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

7. Has the Other Parent ever been physically, sexually, or emotionally abused by you or anyone else? Yes\_\_\_\_\_ No\_\_\_\_\_ (If Yes, please describe the most recent incident below)

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8. Did your child(ren) witness the abuse? Yes\_\_\_\_\_ No\_\_\_\_\_

9. Has the child(ren) ever been physically, sexually, or emotionally abused by you or anyone else? Yes\_\_\_\_\_ No\_\_\_\_\_ (If Yes, please describe the most recent incident below)

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10. Have you ever been involved with Child Protective Services? Yes\_\_\_\_\_ No\_\_\_\_\_ (If Yes, please describe the most recent incident below)

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HEALTH INFORMATION:

1. Do you have any medical problems that the Professional Monitor should be aware of? Yes\_\_\_\_\_ No\_\_\_\_\_ (If Yes, please describe below)

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2. Does your child(ren) have any medical problems (including allergies) that the Visiting Parent and the Professional Monitor should be aware of?

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3. Substance Use: History of alcohol abuse: Yes\_\_\_\_\_ No\_\_\_\_\_ (If Yes, please describe below)

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HISTORY OF PRESCRIPTION DRUG ABUSE OR USE OF ILLEGAL DRUGS:

Yourself: Yes \_\_\_\_\_ No\_\_\_\_\_ Other Parent: Yes\_\_\_\_\_ No\_\_\_\_\_ (if yes, please describe below)

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Treatment History:\_\_\_\_\_

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Length of Sobriety:\_\_\_\_\_

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CUSTODY AND VISITATION ARRANGMENTS:

1. Who presently has legal custody of the child(ren)?

Mother\_\_\_\_\_ Father\_\_\_\_\_ Joint\_\_\_\_\_ Other\_\_\_\_\_

2. Who presently has physical custody of the child(ren)?

Mother\_\_\_\_\_ Father\_\_\_\_\_ Joint\_\_\_\_\_ Other\_\_\_\_\_

3. Are there different custody arrangements for each child(ren)? Yes\_\_\_\_\_ No\_\_\_\_\_ (If Yes, please describe below)

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4. Pre-existing Exchange/Visitation Arrangements:

a. Until now, what arrangements have you had with the other parent for visits?

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b. Frequency of visits: \_\_\_\_\_

c. Location of visits: \_\_\_\_\_

d. Average for duration of visits: \_\_\_\_\_

e. Date of last contact between visiting parent and child(ren): \_\_\_\_\_

f. Previous visitation arrangements were made by/with assistance from:

Both Parents \_\_\_\_\_ Counselor/Mediator \_\_\_\_\_ Judge/Attorney \_\_\_\_\_

5. What is your understanding of the reason(s) for Professional Supervised Visitation?

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6. Have you informed your child(ren) of the Professional Supervised Visitation Court Order and the reason(s) why a Professional Monitor will be present during visits with the Non-Custodial parent? \_\_\_\_\_

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7. Please describe your child(ren)'s developmental needs (e.g. response to monitors, transitional objects): \_\_\_\_\_

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8. If you are the Custodial Parent, do you and your child(ren) allow the Non-Custodial Parent to take photos during Supervised Visitations? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Primary Language and/or Dialect: \_\_\_\_\_

Do you need a translator? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you have concerns about a potential abduction? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Has there been a previous abduction or threats to do so? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Are there no strong ties to the child's home state? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Is there citizenship in another country and strong emotional or cultural ties to the country of origin? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Are there friends or family living out of state or abroad? Yes \_\_\_\_\_ No \_\_\_\_\_

e. Is there a strong support network? Yes \_\_\_\_\_ No \_\_\_\_\_

f. Is there no financial reason to stay in the area? Yes \_\_\_\_\_ No \_\_\_\_\_

g. Is there engagement in planning activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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I solemnly swear that to the best of my knowledge the above information is true and correct. If there is any erroneous information provided by me, the Professional Monitor may choose to terminate visitations and submit a Report to attending attorneys for submission to the Court.

Name: \_\_\_\_\_ Dated: \_\_\_\_\_