
VISITATION INTAKE FORM: VISITING PARENT/CUSTODIAL PARENT

1) Name: _____

2) DOB: _____ Age: _____

3) Transportation: _____

Vehicle (Make, Model, Year, Color): _____

License Plate #: _____

4) Address: _____

City: _____ Zip: _____

Email address: _____

5) Name of child(ren) and age:

6) Phone Numbers:

Home: _____

Work: _____

Cell: _____

Emergency (name and number): _____

7) Place of Employment:

Position: _____

Work Schedule: _____

8) If unemployed live with spouse, relatives, other (specify): _____

9) Who is responsible for the fees? _____

10) Referred by:

Judge Mediation OAG

Attorney CPS Other (specify): _____

11) Beginning and ending dates of supervision: _____

12) If you have an attorney, please provide contact information below:

Name: _____

Address: _____

Phone: _____

Email: _____

13) Last court appearance? _____

14) Schedule recommended by the Court: _____

15) Are you separated/divorced from child's other parent? When? _____

16) Why are supervised visits or exchanges necessary?

Substance Abuse (specify): _____

Mental Illness (specify): _____

Kidnapping (date of incident or threat): _____

Domestic Violence (date of PO): _____

Police Intervention (specify): _____

Criminal Record (specify): _____

Child Abuse/Neglect (specify): _____

Other (specify): _____

17) Has CPS ever been involved with the family?

When: _____

What reason: _____

18) Have you ever been ordered or voluntarily taken parenting classes? _____

19) Have you ever seen a therapist or counselor?

If so, when and for what reason? _____

20) Are you currently or have you ever been in litigation with anyone? _____

21) Are you under the care of a physician for any chronic condition?

If so, for what? _____

22) Do you qualify for any public benefits or services through any government or social service agency?

If so, please specify: _____

23) When was the last visit or exchange with the child(ren) and was it supervised? _____

24) What problems, if any, do you expect from the other party with visits or exchanges? _____

25) What do you hope the outcome from this experience will be? _____

26) Questions, concerns or comments: _____

27) Additional person(s) authorized to pick-up/drop-off child(ren)

Name _____

Number _____

Parties may be asked to show identification upon arrival.

**Please return completed form along with any court orders to
administrator@mainstreetfamilyservices.org**