

SUPERVISED ACCESS INTAKE FORM: CUSTODIAL PARTY

LEGAL PROCEEDINGS

Legal proceedings ARE OR ARE NOT continuing.

REASON FOR REFERRAL

The Custodial parent AGREES WITH IS NEUTRAL ABOUT OR DISAGREES WITH the referral

Main Reason for Referral	Other Reasons for Referral		NOTES
		Partner /spousal Abuse	
		Concerns regarding physical, sexual/emotional abuse of the child(ren)	
		Concerns regarding parenting ability	
		Non-custodial party (or other) has been absent from child(ren) for a long time	
		History of psychiatric illness	
		History of alcohol and/or drug abuse	
		Concerns regarding abduction	
		Unresolved conflict between non-custodial and custodial party	
		Custodial party, non-custodial party or other individual interfering with access	
		Other (please specify)	

Additional Notes: _____

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TYPE OF SERVICE

Service requested is supervision of VISITS OR EXCHANGES

Previous access arrangements:

How long has it been since the Visiting Parent has had contact with the child(ren)?

CONCERNS WITH ACCESS

Describe any concerns regarding contact between Custodial party and Access person at the time of the visit or exchange:

Does a Restraining Order exist? YES NO COPY ON FILE

Does a Peace Bond exist? YES NO COPY ON FILE

Does a Bail Order exist? YES NO COPY ON FILE

Does a Probation Order exist? YES NO COPY ON FILE

FILE # _____

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VISITS OR EXCHANGES (to be completed by Staff)

OFFICE USE ONLY:

VISIT OR EXCHANGE	FREQUENCY (eg: weekly or bi-weekly)	DROP- OFF TIME	DAY of the WEEK	PICK-UP TIME	DAY of the WEEK

FEE AMOUNT: Annual: \$ _____

PAYEE'S NAME: _____

Per Visit/Exchange fee: \$ _____

(Custodial OR Non-Custodial Party)

I have read and acknowledge the above noted dates and times for the **SEC** supervised access program.

CLIENT'S SIGNATURE: _____ **Date:** _____
 (acknowledges above entries, this page only)

SERVICE DECISION: Provide Service as Requested/ Provide Alternative Decision/ No Service

If "NO PROVISION OF SERVICE" indicate reason: ie: Custodial Parent refused to comply with intake process/Non-Custodial parent refused to comply with intake process/Program unable to accommodate requests made by referral sources (e.g. one on one supervision, etc.)/Referral inappropriate for the program/ Other reason (please specify).
