

SUPERVISED ACCESS INTAKE FORM: VISITING PARENT

LEGAL PROCEEDINGS

Legal proceedings ARE OR ARE NOT continuing.

REASON FOR REFERRAL

The Non-Custodial party: 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:

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 ON FILE YES NO

Does a Peace Bond exist? YES NO ON FILE YES NO

Does a Bail Order exist? YES NO ON FILE YES NO

Does a Bail Order exist? YES NO ON FILE YES NO

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.

VISITING

PARENT'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: i.e.: 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).
