





**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**DO YOU HAVE AN ATTORNEY REPRESENTING YOU?     YES     NO**

**NAME:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD(REN) HAVE A CASA OR GUARDIAN AD LITEM?     YES     NO**

**NAME:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE A CHILDREN'S SERVICES CASEWORKER?     YES     NO**

**NAME:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE AN UPCOMING HEARING?     YES     NO**

**DATE:** \_\_\_\_\_

**COURT, JUDGE OR MAGISTRATE:** \_\_\_\_\_

**LIST POSSIBLE TIMES AND DAYS FOR SUPERVISED VISITS:**

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

**WHO WILL TRANSPORT THE CHILD(REN) TO AND FROM THE VISITS?**

\_\_\_\_\_

**DOES THE COURT ORDER LIST ANY PARTIES NOT ALLOWED TO HAVE CONTACT WITH THE CHILDREN?**

\_\_\_\_\_

**ARE THERE ANY SPECIAL NEEDS OF EACH PARENT OR CHILD WHICH THE PROVIDER WOULD NEED TO BE AWARE OF PRIOR TO VISITS IN ORDER TO BEST ACCOMODATE THE PARENT OR CHILD? (PHYSICAL/MENTAL/EMOTIONAL)**

\_\_\_\_\_  
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**PLEASE DESCRIBE YOUR CURRENT PARENT VISITATION/EXCHANGE ARRANGEMENTS:**

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**HAVE THERE BEEN PROBLEMS WITH THE CURRENT ARRANGEMENT?**

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**WHEN IS THE LAST TIME THE NON-CUSTODIAL PARENT HAS SEEN THE CHILD(REN)?**

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**HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH THE CHILD(REN)?**

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**DO YOU HAVE ANY INFORMATION YOU WOULD LIKE US TO KNOW?**

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**ARE THERE ANY CONCERNS FOR YOUR SAFETY IN RELATION TO THE OTHER PARENT?**

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**EMERGENCY CONTACT:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_

**PLEASE SIGN AND DATE THIS APPLICATION:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**