



Client Information (Print legibly, Please)

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

D.O.B: _____ Driver's License Number: _____

TAG #: _____ Current car insurance policy number: _____

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

Fee agreement: _____ Payment is due in advance (preferably a week in advance) of each visitation. Please pay now for upcoming SV:

Fee: _____ Client Initial _____

You can pay online for your visits as well

Child Information (Complete for each child)

Child's Name: _____

Date of Birth: _____ age: _____ Gender: _____ Provided Photo: Y / N

Medical Concerns:

Does the child have any physical challenges, developmental delays, areas of concern, medications, or special needs? Y / N Explain: _____

Does the child have any emotional or mental health issues?

What is the grade level of the child? Are there any school problems or school-related behavioral concerns?

Is the child currently involved with a therapist or in a therapeutic program? Y / N

Contact: Name: _____

Email/Phone: _____

Primary Custodial Parent

Name: _____ Phone: _____

Email: _____

Child Information (Complete for each child)

Child's Name: _____

Date of Birth: _____ age: _____ Gender _____ Provided Photo: Y / N

Medical Concerns:

Does the child have any physical challenges, developmental delays, areas of concern, medications, or special needs? Y / N Explain: _____

Does the child have any emotional or mental health issues?

What is the grade level of the child? Are there any school problems or school-related behavioral concerns?

Is the child currently involved with a therapist or in a therapeutic program? Y / N

Contact: Name: _____

Email/Phone: _____

Primary Custodial Parent

Name: _____ Phone: _____

Email: _____

Custodial parent must provide all medicine or special needs PRIOR to visitation. We will not administer any medication nor allow visiting parent to administer medication during services. There are exceptions.

Yes I understand and will abide: Signature: _____

Attorney Information

Name: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

Guardian Ad Litem Information

Name: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

Judge Information

Name: _____ County: _____

Detailed instructions in the Court Order/paperwork for Supervised Visitation:

Provide copies of all police reports, TRO's (Temporary Restraining Order), or Order of Protection (Current or Past): _____

Scheduling the Supervised Visitation

Off Site Location **ideas**:

First Scheduled Date(s): _____

Adults Involved in visitation:

No other Adults will be allowed to participate in visitation unless all parties agree or it is stated in the court order and they all must go through the intake/orientation process and pay the fee.

Name and relationship to child(ren): _____

Emergency Contact: In the event there is an accident or concern, other than yourself, whom do you give permission to assist with emergency?

Name: _____ Phone: _____

Relationship: _____

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

Why are supervised visits or exchanges necessary (include all pertinent information and provide dates if possible... criminal record, domestic violence, etc.)?

Has CPS ever been involved with the family? When? What reason? _____

Has the Attorney General's office ever been involved? Explain. _____

M8RC offers other services. Check the box you think you may need:

- ☐ Parenting Education Seminar (4-hour parenting and divorce seminar)
- ☐ Mediation
- ☐ Parenting Classes

Have you ever seen a therapist or counselor? If so, when and for what reason? _____

Are you under the care of a physician for any chronic condition? If so, for what?

When was the last visit or exchange with the children and was it supervised? _____

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

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

Questions, concerns or comments: _____

