

Please list all children in the home who will be participating in the supervised visitations

Child 1

First Name: _____ Last Name: _____
 Gender: Female Male Date of Birth: _____
 Race or Ethnic Group: African American Asian Bi-Racial Caucasian
 Hispanic American Indian Other (specify) _____
 List allergies/medical/special needs: _____

 Caregiver Name: _____ Phone: _____

Child 2

First Name: _____ Last Name: _____
 Gender: Female Male Date of Birth: _____
 Race or Ethnic Group: African American Asian Bi-Racial Caucasian
 Hispanic American Indian Other (specify) _____
 List allergies/medical/special needs: _____

 Caregiver Name: _____ Phone: _____

Child 3

First Name: _____ Last Name: _____
 Gender: Female Male Date of Birth: _____
 Race or Ethnic Group: African American Asian Bi-Racial Caucasian
 Hispanic American Indian Other (specify) _____
 List allergies/medical/special needs: _____

 Caregiver Name: _____ Phone: _____

Child 4

First Name: _____ Last Name: _____
 Gender: Female Male Date of Birth: _____
 Race or Ethnic Group: African American Asian Bi-Racial Caucasian
 Hispanic American Indian Other (specify) _____
 List allergies/medical/special needs: _____

 Caregiver Name: _____ Phone: _____

Please provide the following information:

Do you have an attorney representing you? Yes No

Attorney's name: _____ Phone # _____

Address: _____

Is a CASA or Guardian Ad Litem (GAL) involved in your children's case? Yes No

CASA or GAL name: _____ Phone # _____

Address: _____

Is there a caseworker involved in your children's case? Yes No

Caseworker's name: _____ Phone # _____

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?

List names of other authorized visitors (must complete authorized visitor form/brief orientation):

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 accommodate the parent or child? (physical/mental/emotional)?

Please describe your current parent visitation/exchange arrangements:

Have there been problems with the current arrangement?

How is each parent's relationship with the other?

How would you describe your relationship with the child(ren)?

Do you have any concerns or any topics that should not be discussed in the presence of the children?

Do you have any information you would like us to know?

Emergency Contact:

Name: _____ **Relationship:** _____

Phone Number: _____ **Alternate Number** _____

Name: _____ **Relationship:** _____

Phone Number: _____ **Alternate Number** _____

Legal Guardian Signature

Date