



**Referral Form—Community Agency**

**Referring Agency Information**

Date: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Name of Person Referring: \_\_\_\_\_

Contact Information (Phone/Email): \_\_\_\_\_

**Family Information**

Parent #1

Name \_\_\_\_\_ Custodial Non-custodial  
Mother Father  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent #2

Name \_\_\_\_\_ Custodial Non-custodial  
Mother Father  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Child(ren) Involved

Name	Birthdate

**Services Requested**

- Supervised Visitation                      Supervised Exchange

Suggested Frequency of Visits? (The Visitation Center reserves the right to schedule visits consistent with center's ability to safely staff and supervise such visits)

Reason for supervision:

- Domestic/Dating Violence    Sexual Assault    Stalking  
Child Sexual Abuse

Details:

Any suggested restrictions on visitations (3<sup>rd</sup> party visitors, gifts, food, electronics, etc)?

Current or prior court involvement with custody/visitation?

Restraining, no contact, or protective orders?

- Yes, current (attach any information/orders)    Yes, past, currently closed  
None, not aware of any

Restrained Party \_\_\_\_\_

Protected Party \_\_\_\_\_

Probation Agent Contact Information (if applicable)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Any other known criminal behavior? (name of party and charge)

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To the best of your knowledge, what other case issues apply which might affect the safety of the child or protected parent while using the Center? (Check the issue and which parent has the concerning behavior)

	Parent 1	Parent 2		Parent 1	Parent 2
Domestic/Dating Violence	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	Threat of Parental Abduction	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Court Orders	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>			

Any other comments/concerns?

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*Information shared on this form may be accessed by either parent or attorneys. Please contact the Center to share confidential information.*

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