

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 (3rd 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

Protected Party _____

Restrained Party _____

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

List any risk assessments that have been completed and include a copy:

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?

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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