



Referral Form—Self-Referral

Family Information

Date _____

Parent #1 (Parent Initiating Services)

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 (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

Restrained Party _____

Protected Party _____

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

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

Any other comments/concerns?

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

This project was supported by Grant No. 15JOVW-21-GG-00217-JFFX awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the U.S. Department of Justice.