

Service Information

Service: Supervised Exchanges _____ Supervised Visitation _____

Parent or Guardian #1:

Name:

Phone number:

Parent or Guardian #2:

Name:

Phone Number:

Child(ren) in Common:

Name	Birthday	Age	Special Needs

Has a court ordered supervised visitation or exchanges?

Yes _____ **No** _____

If yes, please attach copy of court order to the intake packet.

Is there an active order of protection? Yes _____ **No** _____

If yes, please attach a copy of the order to the intake packet.

Is there an open DCS case? Yes _____ **No** _____

If yes, please explain:

Is there a history of domestic violence between the parties?

Yes _____ **No** _____

If yes, please explain (including dates, arrests, child involvement):

Service Information

How often will supervised exchanges or visitation take place?

Daily ____ Weekly ____ Bi-weekly ____ Monthly ____

Other (please specify): _____

When will supervised exchanges or visitation take place? Please indicate your preferred days and times for scheduling purposes. East Valley Family Center will try to best accommodate both parties' requests.

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____
Sunday ____

Morning (7-10am) ____

Midday (10am-2pm) ____

Afternoon (2-4pm) ____

Evening (4-7pm) ____