

Intake Packet

For Office Use Only
Date Received:

All Documents Received:____

Name		Relationship to Chi	Relationship to Child					
Address			_					
City	State	Ziŗ	Zip Code					
County	Date	of Birth						
Phone	(Cell) _		(Home)					
Email								
Emergency Contact: 1	Name	Relationship	Phone					
Race/Nationality:	Caucasian	Latino	African American					
	Asian-American	Native-American	Other					
Name of Other Party		Phone						
Email								
Child(ren) Name(s) in	volved in case:							
Name		Age	Date of Birth					
Name		Age	Date of Birth					
Name		Age	Date of Birth					
Race of Child(ren):	Caucasian	Latino	African American					
	Asian-American	Native-American	Other					
Other Children: Name	es							

COURT RELATED INFORMATION

Are you the visiting par	rent or custodial parent?	
Why did the court orde	er supervised visits/exchanges?	
Is the court order for si	upervised visits in conjunction with any o	other legal matter?
Divorce	Custody Determination	Paternity Determination
	Complying with Court Order	Other
If a restraining order is	in place, has the restraining order ever I	been broken by either party? Yes/No
Has another court date	e been set? Yes/No If so, when?	
Attorney	Phone	
Email		
Representation for Chi	ldren (Guardian ad Litem, Child and Fam	ily Investigator, etc.)
□ In the I	Process of being Assigned	
Name	Position	
Phone	Fmail	

FAMILY

Name and relationship of other adults involved in the child(ren)'s everyday life.								
Times Available for Visits or whether during the hours CVP is open. (D	_	occur. Note : Exchanges	can only take place					
	<u>Denver:</u> .660 N. Sherman St. Denver, CO 80203		Aurora: 111 Del Mar Circle Aurora, CO 80011					
Monday	3:00pm-8:00pm	Closed	Closed					
Tuesday/Wednesday/Thursday	12:00pm-8:00pm	Closed	Closed					
Friday	12:00pm-6:00pm	Closed	Closed					
Saturday	9:00am-4:30pm	9:00am-5:00pm	9:00am-4:30pm					
Sunday	Closed	9:00am-5:00pm	Closed					
What was the last contact like be	etween the visiting pare	ent and the child(ren)?						

CHILD(REN)

If the	chil	d(ren)	have	any	illnesses,	allergies,	or	disabilities,	what	are	they?	How	can	CVF
accom	nmod	ate for	the ne	eeds (of your chi	ld(ren)?								
What	are tl	ne inte	rests a	ind ho	obbies of t	he child(re	n)?							
What	are tl	ne food	d prefe	erence	es of the c	hild(ren)?								
What	are tl	ne clot	hing ar	nd dia	iper sizes	of the child	d(rer	n)?						
What	are tl	ne nam	nes of a	any h	ousehold	oets that tl	ne cl	nild may mer	ntion d	uring	visitati	on?		