



For Office Use Only Date Received: _____ <hr/> All Documents Received: _____
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Name _____ Relationship to Child _____

Address _____

City _____ State _____ Zip Code _____

County _____ Date of Birth _____

Phone _____ (Cell) _____ (Home)

Email _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Race/Nationality: Caucasian Latino African American

 Asian-American Native-American Other _____

Name of Other Party _____ Phone _____

Email _____

Child(ren) Name(s) involved 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: Names _____

COURT RELATED INFORMATION

Are you the visiting parent or custodial parent? _____

Why did the court order supervised visits/exchanges?

Is the court order for supervised visits in conjunction with any other legal matter?

___ Divorce ___ Custody Determination ___ Paternity Determination
___ Protection Order ___ Complying with Court Order Other _____

If a restraining order is in place, has the restraining order ever been broken by either party? Yes/No

Has another court date been set? Yes/No If so, when? _____

Attorney _____ Phone _____

Email _____

Representation for Children (Guardian ad Litem, Child and Family Investigator, etc.)

In the Process of being Assigned

Name _____ Position _____

Phone _____ Email _____

CHILD(REN)

If the child(ren) have any illnesses, allergies, or disabilities, what are they? How can CVP accommodate for the needs of your child(ren)?

What are the interests and hobbies of the child(ren)?

What are the food preferences of the child(ren)?

What are the clothing and diaper sizes of the child(ren)?

What are the names of any household pets that the child may mention during visitation?
