**REASONS FOR REFERRAL TO SAFE EXCHANGE/SUPERVISED VISITATION PROGRAM

Please site information presented in court that resulted in the requirement of supervised visits. Also, please provide any other information that may be helpful for us to serve your family.

Has there ever been...**

1. \_\_\_\_ Domestic Violence
2. \_\_\_\_ Child abuse by visiting party
3. \_\_\_\_ Abuse of child by family member, if so, relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_ Mental health issues
5. \_\_\_\_ Living conditions
6. \_\_\_\_ Flight risk, if so, has there been prior abduction?\_\_\_\_\_\_
7. \_\_\_\_ Neglect of child(ren)
8. \_\_\_\_ Sexual abuse of child(ren)
9. \_\_\_\_ Sexual abuse of another child by visiting party
10. \_\_\_\_ Reunification, if so, how long since visiting party saw child?\_\_\_\_\_\_\_\_\_\_
11. \_\_\_\_ Physical abuse of child(ren)
12. \_\_\_\_ Drug use, including illegal use of prescription drugs
13. \_\_\_\_ Alcohol abuse
14. \_\_\_\_ Child Protective Services (CPS) involved
15. \_\_\_\_ Incarceration of visiting party: if so, how long\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. \_\_\_\_ Inconsistent visits
17. \_\_\_\_ Other, describe below
* Are you currently on probation/parole?  Yes \_\_\_\_\_No \_\_\_\_\_

*If so, provide name and phone number of probation/parole officer. We will need a copy of probation/parole conditions/restrictions.*

* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

    Details of violation: Charge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    Provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please use the reverse side to provide additional information. Include any special needs of your child(ren), including how they may react to seeing the visiting party*.

**Parties are able to view the site prior to first visit if they desire. Call the office to schedule**