

ADA Monitored Family Visitation Services Intake Form

Please print legibly and complete all fields.

Date: ___/___/___ Case Number: _____ Department: _____ Judge _____

Personal and Family Information Father Mother Custodial Non-Custodial

Name: _____ Date of Birth: ___/___/___ Dr. License/CA ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Cell Phone _____ Fax: _____ Email _____

Employer: _____ Telephone: _____

Address: _____ City: _____ Zip Code: _____

Work Hours _____

Occupation: _____ Education (Highest Level Completed): _____

Make/Model of Car _____ Year _____ Color _____ License _____

Religious Preference: _____ Ethnicity: _____

Please Indicate Status of Your Relationship with Your Child's Other Parent:

Divorced Separated Paternity Domestic Violence

Date of Marriage: ___/___/___ Date of Separation: ___/___/___ Date of Divorce: ___/___/___

Children Mentioned in the Order for Visitation

Name(s):	Gender:	Date of Birth:	School/ Daycare Name & Telephone Number:

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Step-Parent or Significant Other Living in the Home:

Name: _____ Relationship: _____
Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Employer: _____ Telephone: _____

Occupation: _____ Education (Highest Level Completed): _____

Religious Preference: _____ Ethnicity: _____

(Step and Half-Siblings (and Others Living in the Home):

Name	Gender	Date of Birth	Relationship To The Minor Mentioned in Court Order

Attorney (If applicable):

Name: _____ Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Child's Attorney (If applicable):

Name: _____ Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Social Worker (If applicable):

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Name: _____ Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Reason for Referral for Monitored Visitations:

1. Estimate how many times you have been to Court concerning visitation disagreements

2. Is there a Restraining Order preventing you and your ex-spouse/partner from having contact with one another?

Yes **No**

3. How many times have the police been contacted to enforce a Restraining Order?

4. Have there ever been charges filed against you or your ex-spouse/partner for physical abuse?

5. Have you ever been convicted of a felony?

Yes **No**

a.) If yes, please describe:

6. Has your ex-spouse/partner ever physically, sexually, or emotionally abused you or any member of your family?

Yes **No**

a.) If yes, how often has this occurred?

b.) Please describe the first incident:

c.) Please describe the most recent incident:

d.)

7. How many times have the police been summoned regarding a Domestic Violence incident?

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8. Do you or your ex-spouse/partner own any weapons?

Ex-Spouse/Partner: **Yes** **No** **Yourself:** **Yes** **No**

a.) If yes, describe the type(s) of weapons:

9. Have these weapons ever been used, or threatened to be used in a Domestic Dispute?

Yes **No**

a.) If yes, please describe the incident(s):

10. Has your child ever witnessed any of the above mentioned abuse? **Yes** **No**

a.) If yes, please estimate how often:

11. Has your child ever intervened in any incidents mentioned? **Yes** **No**

a.) If yes, please describe:

12. Has your child ever been abused? (Hit, hurt, threatened): **Yes** **No**

a.) If yes, please describe:

13. Has your ex-spouse/partner ever threatened to take the child? **Yes** **No**

a.) If yes, please describe:

14. Has your ex-spouse/partner ever been accused of child-abduction? **Yes** **No**

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Substance Abuse:

1. History of drinking alcoholic beverages?
 Not Applicable **Yourself** **Ex-Spouse/Partner**

2. History of illegal drug use?
 Not Applicable **Yourself** **Ex-Spouse/Partner**

a.) Please list substance(s):

b.) Please state how often usage occurs:

3. Do you believe there is a problem with drugs and/or alcohol?
 Not Applicable **Yourself** **Ex-Spouse/Partner**

Treatment:

Length of
Sobriety

Health Information:

1. Do you have any medical problems that the Agency Staff should be aware of? **Yes** **No**

a.) If yes, please specify:

b.) Diagnosis/Disability:

c.) Medication(s):

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2. Does your child have any medical problems, including allergies that Agency Staff should be aware of?

Yes No

(If yes, please complete a *Medical Instruction Form* for each child).

Custody and Visitation Arrangements:

1. Who presently retains legal custody of the child?

Father **Mother** **Joint** **Ward of the Court** **Not Determined at this Time**

2. Who presently retains physical custody of the child?

Father **Mother** **Joint** **Ward of the Court** **Not Determined at this Time**

3. If custody arrangements are different for each child, please specify:

Pre-Supervised/Monitored Exchange Visitation Agreements:

1. Until today, what visitation arrangements have you had with your child?

2. How frequent were the visits with the child?

3. How long have these visits lasted?

4. Where have these visits taken place?

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5. What was the date of the last contact between the visiting parent and the child?

____/____/____

6. Have you informed your child of the Visitation Court Order and the reasons why supervised/monitored services are needed? Yes No

a.) If no, please explain why not:

7. Are there any current executed documents restricting photographs or videotaping to be taken during the visitation? Yes No

a.) If no, please explain why not:

Language Needs:

If you are the Visiting Parent for Supervised Visitation Services, and English is your second language, please answer the following questions:

1. Primary language and dialect:

2. Are you ordered by the court to be provided with a bi-lingual Monitor during your Monitored Visitation?

Yes No

Name of Person filling out form _____

Relationship to child / children _____

ADA Monitored Family Visitation Services
2500 E Imperial Hwy
Suite #201 Mailbox # 502
Brea, CA 92821
www.adamonitoredfamilyvisitationservices.com
adamonitor@gmail.com
714-752-0091 alternate number 909-730-6483

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ADA Monitored Family Visitation Services Contract

Case Name:	Case Number:
Judge:	Department:
Custodial Parent:	Monitored Party:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone Numbers:	Phone Numbers:
Email:	Email:

The above named has been advised of the position of the Monitored Visitation and agrees with the accepted role of that person.

The terms of this Monitoring Agreement shall not supersede nor modify the terms of the judgment of Dissolution of Marriage, or any other Court Orders in this case. The terms of the Judgment shall control and supersede any conflicting terms of this Monitoring Agreement. ADA-MONITORED FAMILY VISITATION Rules, Regulations, Safety and Security Procedures for Monitored Visitation abide by and uphold the first statewide framework for providers of supervised visitation. All ADA-MONITORED FAMILY VISITATION clients are required to adhere to and uphold that standard.

These are Rules, Regulations, Safety and Security Procedures for Monitored Visitation; and abide by and uphold the first statewide framework for providers of supervised visitation, are required to adhere to and uphold that standard. I also acknowledge that I have received a copy of the 5.20 state guidelines of Supervised Visitations under family code 3200.

I have read this agreement and accept it as part of the ADA Monitored Family Visitation Services contract.

Executed in the county of _____, state of California on the ____ day in the month of _____, 2014

Custodial Party: (Print) _____

Signature: _____ Date: _____

Monitored Party: (Print) _____

Signature: _____ Date: _____

