



**San Antonio:** Bexar, Comal, Guadalupe  
**Austin:** Hays, Travis, Williamson  
**Email:** [contact@tcpmfs.org](mailto:contact@tcpmfs.org)  
**Website:** [www.tcpmfs.org](http://www.tcpmfs.org)  
**Phone:** (210) 516-2607  
**Fax:** (210) 855-0931

## SUPERVISED VISITATION INTAKE FORM

*(Please fill this form out completely. You are responsible for providing updates if any information changes.)*

<b>Name:</b>	
<b>Physical Address:</b>	
<b>Mailing Address:</b>	
<b>Home Number:</b>	<b>Work Number:</b>
<b>Date of Birth:</b>	<b>Driver's License Number &amp; Expiration:</b>

<b>Relationship to the Child(ren) in Question:</b>			
<input type="radio"/> <b>Parent</b>	<input type="radio"/> <b>Stepparent</b>	<input type="radio"/> <b>Grandparent</b>	<input type="radio"/> <b>Caregiver</b>
<b>Other (Please Explain):</b>			
<b>List the child or children involved in the court action:</b>			
Child's Name	Date of Birth	School/Grade	Lives With

<b>Court Information: (County, Court and Case Number, listed on the top of your order.)</b>		
<b>County:</b>	<b>Court Number:</b>	<b>Case Number:</b>
<b>Is there an Ad Litem or Amicus Attorney assigned to your case?</b>		
<input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b>	<b>If yes, Who:</b>
<b>Attorney Name:</b>		<b>Paralegal Name:</b>
<b>Address:</b>		<b>Contact Number:</b>
<b>Email:</b>		<b>Fax:</b>

<b>List the other adult(s) and attorney(s) involved in the litigation. Use additional pages if needed.</b>	
<b>Name:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Contact Number:</b>
<b>Name:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Contact Number:</b>
<b>Emergency Person (Other than yourself):</b>	
<b>Address:</b>	<b>Contact Number:</b>

<b>I hereby authorize TCP Marriage &amp; Family Service to release the children to the following individuals in an emergency situation when I cannot be reached. I am aware that if I elect not to release my children to any other individuals, or if the individuals listed below do not immediately respond in an emergency, CPS and/or law enforcement will be notified in the event that I cannot be reached. I am aware that persons listed must present valid photo ID upon request before children will be released to them.</b>	
<b>Name:</b>	<b>Contact Number:</b>
<b>Name:</b>	<b>Contact Number:</b>

<b>Additional Emergency Information:</b>	
<b>Pediatrician:</b>	<b>Contact Number</b>
<b>Address:</b>	
<b>Health Insurance Carrier:</b>	<b>Name of Policy Holder:</b>
<b>Policy Number:</b>	<b>Contact Number:</b>
<b>Please list any special conditions, medication, or allergies that the children may have:</b>	

<b>Date:</b>	<b>Print Name:</b>	<b>Signature:</b>

*Please submit a color copy of your driver's license or government identification card and a clearly labeled picture of the children in question with this form.*