



# Supervised Visit Referral

Please circle: Visitation    Exchange    \*Please include a copy of the court order

Date \_\_\_\_\_

Referral source  Family Court \_\_\_\_\_ County  
 Dept of Children and Families \_\_\_\_\_ County  
 Domestic Abuse Shelter \_\_\_\_\_ Agency  
 Probation and Parole \_\_\_\_\_ County  
 Community Partner \_\_\_\_\_ Agency  
 Self

Name of person referring \_\_\_\_\_

Phone & e-mail address \_\_\_\_\_

Name of G.A.L.(if applicable) \_\_\_\_\_

Phone & e-mail address \_\_\_\_\_

Visiting Parent _____	Non-visiting Parent _____
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Address _____	Address _____
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Phone _____	Phone _____
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d.o.b. _____	d.o.b _____
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Child(ren): \_\_\_\_\_ d.o.b.: \_\_\_\_\_

\_\_\_\_\_ d.o.b.: \_\_\_\_\_

\_\_\_\_\_ d.o.b.: \_\_\_\_\_

Foster/ Other placement \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Desired frequency of visits:  Daily  Weekly  Bi Weekly  Monthly

Preferred Day/ Dates \_\_\_\_\_ Length of visits:  1 hour  2 Hours

Visit Location(s) \_\_\_\_\_

**Who will be transporting child(ren)?** \_\_\_\_\_

**\*If requesting transportation from staff, please include transportation details:**

\_\_\_\_\_  
\_\_\_\_\_

**Under what (client) name should we bill?** \_\_\_\_\_

**Restrictions for visit(s) (who is allowed to be at the visits, what should not be discussed, etc.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is there a no-contact or restraining order in place for the child's parents? Yes** \_\_\_\_ **No** \_\_\_\_

**Is this a domestic violence case? Yes** \_\_\_\_ **No** \_\_\_\_

**Is there a concern of physical abuse? Yes** \_\_\_\_ **No** \_\_\_\_

**Is there a concern of sexual abuse? Yes** \_\_\_\_ **No** \_\_\_\_

**Desired Service:**

\_\_\_ **Observation with Documentation.**

\_\_\_ **Observation with limited Parent Coaching and documentation.**

\_\_\_ **Observation with hands on Parent Coaching and documentation.**

**Relevant information on parent(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relevant information on child(ren):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

