

# Intake Form

## For Clients of Supervised Visitation

### Bring 7 items to the Intake Appointment:

1. Copy of Court Order or written instructions for supervised visitation
2. Copies of Police Reports within the past 12 months, TPO, Violence, Abuse, Drugs, Alcohol. Weapons,
3. Copies of Arrest or Convictions Records within the past 12 months
4. Copy of Driver's License , Current Car Insurance Card, Car Tag number
5. Completed Intake Form. Keep a copy for yourself
6. Fee for Intake: \$75 Cash or Money Order % Georgia Preferred Family Resource
7. Fee for First Visitation: Based on contract agreement

Email forms and completed information to [GAPFRC@gmail.com](mailto:GAPFRC@gmail.com) and [carnotti@hotmail.com](mailto:carnotti@hotmail.com)

### Georgia Preferred Family Resource

Mailing address:

12195 Hwy 92

Suite 114-133

Woodstock, Georgia 30188

### Client Information:      **PRINT ONLY**

Name:

Date:

Address:

Phone:

Email:

Birthday:

Driver's License Number:

TAG #:

Current car insurance policy number:

Fee agreement:

Payment is due in 7 days in advance of each visitation. Please pay now for upcoming SV

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Collected Fee: Cash or Money Order:

Client Initial \_\_\_\_\_

Intake Fee: \_\_\_\_\_ Visitation Date/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

**Child Information (complete for each child)**

**• Childs Name:**

• Date of Birth: \_\_\_\_\_ age:

• Gender \_\_\_\_\_ Special Needs: Provide Photo \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

**Childs Name:**

• Date of Birth: \_\_\_\_\_ age:

• Gender: \_\_\_\_\_ Special Need: Provide Photo \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

Additional children on back

**Attorney Information**

Name:

Address:

Phone:

**\*Email:**

**Guardian Ad Litem**

Name:

Address:

Phone:

**\*Email:**

**Judge Information**

Name:

County:

**What are the instructions in the Court Order or paperwork for Supervised Visitation?**

Explain:

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Provide copies of all police reports, TPO's, Temporary Protective Order \_\_\_\_\_

Who is the current Primary Custodial caregiver of children:

Name:

Phone:

Email:

- Do the child(ren) have any physical challenges, developmental delays, areas of concern, medications, or special needs?
- Allergies?
- Name of medications taken:

Custodial parent must provide all medicine or special needs PRIOR to visitation. We will not administer any medication nor allow visiting parent to administer medication during services.

- Yes I understand and will abide : Client initial: \_\_\_\_\_

Do the child(ren) have any emotional or mental health issues?

\_\_\_\_\_

What is the grade level of the child(ren)? Are there any school problems or school-related behavioral concerns?

\_\_\_\_\_

Is the child(ren) currently involved with a therapist or in a therapeutic program?

Contact information: Name: \_\_\_\_\_ Email: \_\_\_\_\_

### **Scheduling the Supervised Visitation**

Visitation Instructions:

- On Site: Location Address: \_\_\_\_\_
- Off Site: Initial Location \_\_\_\_\_

\_\_\_\_\_

Date of first supervised visitation: \_\_\_\_\_, \_\_\_\_\_

Visitation schedule (weekly, monthly, other) and duration (e.g., 90 minutes, etc.)

Restate the exact verbiage from the official paperwork:

**Adults Involved in visitation:**

- No other Adults will be allowed to participate in visitation unless all parties agree or it is stated in the court order.
- Name and relationship to child(ren):

**Emergency Contact: In the event there is an accident or concern, other than yourself, who do you give permission to assist with emergency:**

**Name**

Rev. 6.25.15

**Phone**

**Relationship**

Marital status of parents:

What is each parent's relationship with the other?

How does each parent describe his/her relationship with the child(ren)?

If out-of-home care, what is each parent's relationship with the substitute caregiver?

Name:

Phone:

Email:

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- Is anyone prohibited from visiting with the child(ren), either with or without a no-contact order?
  - If so, identify by name and relationship to child(ren) \_\_\_\_\_
  - Are there any topics that should NOT be discussed with the child, or in the child's presence? If so, identify:

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- Are there any **criminal issues or security concerns**
  - Do you carry a weapon? Explain:
  - Provide copy of permit:
  - Pending arrests or conviction: Explain:

- Threatened to abduct child? \_\_\_
- Weapons, \_\_\_
- Drugs, \_\_\_
- Abuse \_\_\_
- Sex Abuse \_\_\_
- Charges pending? \_\_\_\_\_
- Explain: (Accusations also)

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Is there a history of or current allegations of **domestic violence**?

- Provide a copy of Danger Assessment screening for domestic violence. \_\_\_\_\_
  - TPO \_\_\_\_\_
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Is there a history of Anger Management issues?

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- Copy of Completion of Anger Management course?
  - Current Therapist: Name: \_\_\_\_\_ Email: \_\_\_\_\_
  
  - Does either parent have any substance abuse issues that could affect visits?
  - Current treatment or directions from the court:
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- Does either parent have any physical or mental health issues, or any special needs that could affect visits and that SV program staff would need to be aware of prior to visits?
- Name of medication taken: (currently or in the past 12 months)
  
- Are there any parental employment (work hours) or other considerations needed when scheduling visits?
- Occasionally we need to release records and information to official contacts. Do you give permission to release information to ONLY court official such as GAL, attorney, judges, police or emergency personnel?
  
- Does each parent have access to or need information about available community resources?

GaPFR would like to offer our services. Are you interested in receiving resources?

Parenting Class \_\_\_\_\_ Divorce Care Class \_\_\_\_\_ Parent coaching \_\_\_\_\_ Safe Exchange \_\_\_\_\_

Our staff wants to be sensitive to the diverse racial, ethnic, religious, and cultural influences that families bring to the program.

What other concerns do you have about Supervised Visitation?

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## Specific Policies and Procedures.

These rules apply during any service rendered or appointment.

Failure to comply may cause immediate termination and/or actions will be reported to court officials. If termination is necessary observer will make notes within observational report, call GAPFR, and/or contact law enforcement for assistance.

- Participants shall NOT exchange words, verbal or nonverbal gestures, towards other parents unless agreed upon prior to appointment or visiting situation.
- Participants shall NOT approach another person's vehicle unless given permission by monitors. Do NOT retrieve or return children to another's vehicle. Stay in your car unless you have received permission from monitor.
- Participants shall NOT use drugs or alcohol prior to or during visitation. Suspicion of narcotics/alcohol use will be noted in observation reports or result in termination of visit. No refunds will occur.
- Participants shall NOT smoke or use inappropriate language.
- Participants shall NOT use cell phones or cameras (leave in your car).
- NO texting, phone calls or becoming distracted while driving. Obey all safety rules. Do not turn around while driving and touch or assist your child. Monitor may assist child.
- Participants will give monitor their car keys during visitations. Please offer the keys to the monitors. They should not have to ask you for your car keys.
- Participants shall NOT bring pets/animals. (No pets allowed at Off-site locations. Some Observers are allergic to animals; CATS)
- Participants are NOT allowed to bring gifts/toys or other items unless it has been agreed upon with all parties. (Birthdays are the exception).
- Participants are NOT allowed to bring food, drinks or candy unless it has been agreed upon by all parties.
- Participants are expected to pay for monitor's items during visitation such as snacks, meals, entry to parks or other additional fees.
- Custodial parent/caregiver have the option to administer medication prior to scheduled times. Medication is NOT allowed to be administered during visitations.
- Participants are NOT allowed to bring sick children to visitations; fever of 100, diarrhea, vomiting, unexplained or contagious rash. Parents should be free of contagious conditions. All must be symptom free for 24 hours or taken medicine for 24 hours.
- Participants are NOT allowed to be alone with children. Observer will support bathroom needs or other situations.
- Participants are NOT allowed to speak in a foreign language. NO whispering. NO passing notes or cards unless openly shown to observer for approval. The observer will

be reporting conversations at all times and must be able to fully understand all participants.

- Participants are NOT allowed to use corporal punishment. No spanking, hitting, pinching to correct behavior. No inappropriate touches, fondling or suspicious physical contact.
- Participants shall NOT discuss inappropriate topics with children such as; living situations and people in home, abuse allegations of any type. If child becomes stressed the visitation may end before scheduled time.
- All personal information will remain confidential. There should never be an exchange or request for address, phone numbers, locations, or names from parents or children during any service or appointment. We do not give out information from forms unless contacted by a court official.
- Participants shall NOT engage observer or staff members in conversations regarding legal issues, court orders, or discussing other parent. Staff will remain neutral at all times.
- Do Not Talk to monitors about your case. Please focus on your children!
- Participants shall always provide correct contact information for each appointment or service.
- Services and appointments are restricted to the agreed location for duration no exceptions will be made.
- All Participants must comply with scheduled times, dates, and locations. Failure to do so will result in termination. Staggered Arrival and Departure times are extremely important for safety for all participants. Visits will begin at scheduled time and end at scheduled time.
- Supervised Visitation is for parties that are mentioned in the court order. Typically non-custodial parent and child (ren). NO Visitors Allowed.
- If party fails to pick children up at scheduled time, observers will wait 20 minute before calling police or assistance. Late fees will be charged at two dollars per minute.
- All fees are paid in advance. Payments can be made via Cash, PayPal, Western Union, Cashier Check, Walmart Transfer, Money Order. Advance payment is at least 7 days prior to SV date. Typically clients pay for the upcoming SV on the date of the current SV. Advance payment will guarantee you the upcoming SV date. GaPFR will NOT hold a date unless payment has been received.
- Cancellations are made 48 hours in advance or no refund is allowed.
- Off-Site visitations may incur more flexible guidelines. These will be agreed prior to appointment or visit. These written policies are considered default guidelines.
- Participants are required to transport children and monitor if going Off-Site. Current, up-to-date car insurance, driver's license and vehicle registration must be present at all times while traveling. Vehicles must be properly prepared for travel; operating lights, battery, auto parts, plenty of gas and emergency kit.

- We will NOT allow visiting parent to transport participants if driver's license is suspended or revoked for any reason. We will NOT allow visiting parent to transport if there is no car insurance or vehicle is not in proper traveling mode. No refunds allowed. It is allowed to employ another driver; Uber, taxi, friend etc.... They are NOT allowed to stay for visitation.
- Participants are required to surrender car keys during visits. Especially during Off-Site visits. Please offer your keys to observer. Do not make the observer ask for your keys.
- Observers will wait 30 minutes for parents to arrive. Visitation will be cancelled after waiting for 30 minutes. No refunds.
- Observer may modify or change rules and guidelines to accommodate successful visits. Participants must cooperate with procedures stated by the observer or visits may be cancelled. Infractions are reported to court officials.
- I have read and understand policies and procedures. I agree and will abide by all stated policy, procedures, rules and guidelines.
- I understand the results of noncompliance of these rules can be termination of visit and loss of payments.

## Visualize the Visitation

Be Prepared and Arrive early: **Payment made out to Georgia Preferred Family Resource**

1. Greet monitor, pay advance fee and receive receipt for next Visitation.
2. Check valid Emergency numbers.
3. Check phone, keys, car tag#'s. (give keys to monitor)
4. Ask any questions of the monitor.
5. Greet children with Hello-Hug Time then enter play area.
6. Discuss agenda, rules, procedure with children.
7. Explain Goodbye-Hug Time (15 min warning then 2 min warning)
8. Ask any questions of the monitor.
9. Do Not approach other person's vehicle. Allow monitor to return children.

- I accept the rules of this contract. I will give at least seven day notice if Supervised Visitation is no longer required or lose advance fee.

Client Sign: \_\_\_\_\_

Intake Monitor Sign: \_\_\_\_\_ Date: \_\_\_\_\_



- Copy of Court Order or written instructions for supervised visitation**
- Copies of Police Reports within the past 12 months, TPO, Violence, Abuse, Drugs, Alcohol. Weapons,**
- Copies of Arrest or Convictions Records within the past 12 months**
- Copy of Driver's License and Current Car Insurance Card**
- Completed Intake Form. Keep a copy for yourself**
- Fee for Intake: \$75 Cash or Money Order % Celeste Arnotti**
- Fee for First Visitation: Based on contract agreement**
  - **Email forms and completed information to [GAPFRC@gmail.com](mailto:GAPFRC@gmail.com) and [carnotti@hotmail.com](mailto:carnotti@hotmail.com)**

- Intake Supervisor**
- Intake Checklist Completed and attached**
- Additional Comments or recommendations:**

**Restrictions or Exceptions: ( Intake monitor will complete )**

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