

**The American Academy of Arts & Leadership, Inc. Global Gardens Family Solutions Center**

**Reggae T. Brown, CEO**

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INTAKE FORM

**Supervised Visitation Parent Information Sheet**

The online ***Welcome Letter—Request for Services*** provided you with general information about how to get started with a court order for supervised visitation services with our agency. **This *Supervised Visitation Parent Information Sheet*** is to help you understand why certain information is being requested by our agency as part of the supervised visitation **intake process** and how information obtained from you will be used by the agency.

You should know that professional supervised visitation providers are to conduct a comprehensive intake and screening on each case so they understand the safety risks that may be involved in the case. This requirement is set forth under safety and security procedures of Standard 5.20 of the California Standards of Judicial Administration *(Uniform Standards of Practice for Providers of Supervised Visitation).*You should know the procedures for the intake process include having separate interviews with each parent and the child before the first visit. During this interview, the supervised visitation provider obtains information from you and will go over general guidelines for the supervised visit, including when visits may be suspended or terminated by the provider. Under Standard 5.20, the agency should obtain the following information as part of the intake process:

1. Copies of any protective order;
2. Current court orders;
3. Any Judicial Council form relating to supervised visitation orders;
4. A report of written records of allegations of domestic violence or abuse; and
5. An account of the child’s health needs if child has a chronic health condition.

***What is an intake?*** An intake is the gathering of information about you and your case to determine what are the safety needs of everyone involved and whether the agency can reasonably ensure the health, safety and welfare of the child, adults, and providers of supervised visitation as required by Standard 5.20. The **purpose of the intake** is to conduct a safety screening to help guide the agency review process to determine whether services can or cannot be provided to you and your family.

***What is this form for?*** Sometimes, based on what is happening in the family or to make sure that children are safe and protected, a judge will decide that for all concerned that a third person should be present to watch the visit between the other parent and his/her child/children or when you and the other parent exchange your child/children for visitation with the other parent. This type of arrangement is often called *supervised visitation and supervised exchange services* and the third person that does this work is called the *professional provider* of supervised visitation. Who provides the supervision and the manner in which supervision is provided depends on different factors, including agency resources, the financial situation of the parents, training and skill level of staff, and the degree of risk in each case. The information collected on this form will be used to help the supervised visitation agency decide whether the agency can or cannot accept your case. You should know that sometimes information on this form might be included in a report that goes to the court. A report is required after each visit. The provider can explain the reporting process to you and you can ask to receive a written copy of the visit report.

***Confidentiality.*** You should know that communications between you and the supervised visitation provider are not protected by any privilege of confidentiality. This means that in certain situations and information from the supervised visit may be shared with the court and other professionals. For example, if the provider is requested to provide information to law enforcement about the case. You should not assume information you share separately with the supervised visitation provider may be kept confidential from the other party. However, you may tell the supervised visitation provider if there is information you are providing that may put you at risk if it is shared and how this can be kept confidential.

***What information goes to the judge?*** The supervised visitation provider must make a report about the supervised visit and the **original report** must be sent to the court if so ordered, or to the person asking for a copy and copies have to be sent to all parties, their attorneys, and the attorney for the child.

***What information goes to people outside the court?*** If the court or other professionals contact the agency for information, the provider should maintain confidentiality regarding your case except under certain circumstances. However, information about you and your child, including addresses, telephone numbers, places of employment, schools, is to be kept confidential and not disclosed, removed from documents before releasing them to any court, attorney, attorney for the child, mediator, evaluator, mental health professional, social worker, or referring agency, except as required in reporting suspected child abuse. You may be asked to sign a release of information so that you let others know that you have voluntarily agreed that certain information may be given to the supervised visitation provider or other professionals.

***If there has been abuse in your relationship***

If one parent has been abusive toward the other parent or a child, it is very important to have a parenting plan in place that will help everyone stay safe. You may want to talk with a lawyer to find out the best legal way for you to proceed. In most cities and counties in California, there are domestic violence agencies that can provide legal help with custody issues. You can contact the [National Domestic Violence Hotline](http://www.ndvh.org/) **at 1-800-799-SAFE (7233)** or you can contact the national hotlineat **<**[*http://www.thehotline.org/>*](http://www.thehotline.org/%3e%20) and ask them for domestic violence organizations in your area.In addition, in California, domestic violence victims and their families can also seek assistance from the California Partnership to End Domestic Violence <[*http://www.cpedv.org/*](http://www.cpedv.org/) >. You can contact the organization at [*info@cpedv.org*](mailto:info@cpedv.org) for information and resources.



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**SUPERVISED VISITATION INTAKE FORM—NONCUSTODIAL PARENT AND CUSTODIAL PARENT**

***General Information***

1. Today’s date\_\_\_\_\_\_\_\_\_
2. Family Law Case Number\_\_\_\_\_\_\_\_\_\_
3. Next court hearing date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Your Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Other Parent’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Please describe your occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Driver License or /ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(A photocopy of your license will be requested prior to the scheduled visit and/or each scheduled visit)*

1. Vehicle Information: Make \_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ process.

*(A photocopy of your car and license plate will be taken prior to each scheduled visit)*

1. Have you been to an orientation about family court services mediation yet? □ Yes □ No
2. Do you have an attorney? □ Yes □ No If yes, please provide the attorney’s name and contact information below:

Name Address Telephone and Fax Number

***14. Children involved in the supervised visit***

First name M.I. Last Name Age Date of birth

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

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***15. Detailed questions:*** The supervised visitation agency need to know about your case to ensure the safety and protection of you and your children and everyone involved. Please answer the following questions:

1. Have either you or the other parent said that there are concerns about family violence? □ Yes □ No □ Not Sure
2. Has a request for a restraining order been filed within the last five years? □ Yes □ No
3. Is there a restraining order in place right now? □ Yes □No **If yes,** does the other parent own any weapons? □ Yes □ No
4. Do you have any concerns about **the safety of the child/children** when the child is with the other parent? □ Yes □ No **If yes,** the supervised visitation provider will talk with you about your concern but if there were anything you would like to share now, please use the lines below. You can voluntarily choose to not provide information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have any concerns about **your safety** around the other parent? □ Yes □ No

**If yes**, please briefly explain your concerns if you would like to share this information with the program now, please use the lines below. You can voluntarily choose to not provide information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Substance abuse:***  Do you have concerns about drug or alcohol use or abuse by the other parent (or within the family)? □ Yes □ No If yes, please briefly describe your concern/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ***Mental health concerns impacting child currently:*** If you have concerns about mental health issues in this case, you can voluntarily choose to briefly describe your concern/s:

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

1. ***Abuse:*** Is there any report of written reports of allegations of abuse? □ Yes □ No
2. Do your child/children have any health needs or chronic health condition we should be aware of? For purpose of the supervised visit? □ Yes □ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your understanding of the reasons for court-ordered supervised visitation?

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

1. When was the last time you visited with your child/children? *(Provide a date if possible and how long did you and the child visit together).* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Concerns:** Is there anything that you feel we need to know to better meet your needs for court-ordered supervised visitation? *Attach additional sheets of paper if needed.*

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