

**ERMA'S HOUSE INTAKE INFORMATION
SUPERVISED EXCHANGES**

Please fill in the following information and return it so we can schedule an Intake. At the time of the intake bring copies of any Court Orders, Orders of Protection, Visitation Orders.

DATE: _____

REFERRED BY: _____

NAME: _____ **CUSTODIAL OR NON-CUSTODIAL**
(circle one)

CURRENT ADDRESS: _____
Street City Zip

HOME PHONE NUMBER: _____ **PAGER/CELLULAR NUMBER:** _____

Best number/time to contact you? _____

May we leave a message? _____

DOB: _____ **RACE OR ETHNIC GROUP:** _____

EDUCATION COMPLETED: _____ **MARITAL STATUS:** _____

EMPLOYMENT: _____ **JOB TITLE:** _____

CURRENT FAMILY SIZE (Include all household members): _____

WORK PHONE NUMBER: _____ **May we call at work?** _____

MODEL OF CAR: _____ **LICENSE PLATE NUMBER:** _____

CHILDREN: _____

First Last DOB

First Last DOB

First Last DOB

First Last DOB

PLEASE DESCRIBE YOUR CURRENT EXCHANGE ARRANGEMENTS? _____

HAVE THERE BEEN PROBLEMS WITH THE CURRENT ARRANGEMENT? _____

POSSIBLE TIMES AND DAYS FOR SUPERVISED EXCHANGES? _____

HAVE YOU BEEN INVOLVED IN PREVIOUS SUPERVISED VISITATION OR EXCHANGE ARRANGEMENTS?

ANY CONCERNS YOU HAVE ABOUT THE CHIL(REN)'S INVOLVEMENT IN SUPERVISED EXCHANGES?

OTHER INFORMATION YOU WOULD LIKE US TO KNOW. _____

AUTHORIZED PERSON WHO COULD PICK UP CHILD(REN) IF YOU CANNOT BE REACHED.

Name Relationship

How can they be reached?

Signature Date

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME _____

ATTORNEY

NAME: _____

ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____

NEXT HEARING DATE: _____

Court, Judge or Magistrate _____

Is there a **GAL** or **CASA** involved with your case? If so please provide the following information.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____