



**PLEASE LIST ALL CHILDREN LIVING IN THE HOME PARTICIPATING IN SUPERVISED VISITATION.**

**CHILD 1**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:  MALE  FEMALE  TRANSGENDER  NON-BINARY

DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP:  BLACK/ AFRICAN AMERICAN  ASIAN  MULTI-RACIAL  WHITE  HISPANIC/ LATINO  
 AMERICAN INDIAN/ALASKAN NATIVE  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

**(PLEASE CIRCLE)**

**HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED**

**CHILD 2**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:  MALE  FEMALE  TRANSGENDER  NON-BINARY

DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP:  BLACK/ AFRICAN AMERICAN  ASIAN  MULTI-RACIAL  WHITE  HISPANIC/ LATINO  
 AMERICAN INDIAN/ALASKAN NATIVE  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

**(PLEASE CIRCLE)**

**HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED**

**CHILD 3**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:  MALE  FEMALE  TRANSGENDER  NON-BINARY

DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP  BLACK/ AFRICAN AMERICAN  ASIAN  MULTI-RACIAL  WHITE  HISPANIC/ LATINO  
 AMERICAN INDIAN/ALASKAN NATIVE  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

**(PLEASE CIRCLE)**

**HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED**

**CHILD 4**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:  MALE  FEMALE  TRANSGENDER  NON-BINARY

DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP:  BLACK/ AFRICAN AMERICAN  ASIAN  MULTI-RACIAL  WHITE  HISPANIC/ LATINO  
 AMERICAN INDIAN/ALASKAN NATIVE  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

**(PLEASE CIRCLE)**

**HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED**

**PLEASE LIST ADDITIONAL CHILDREN ON THE BACK**  
**IF MORE THAN FOUR CHILDREN WILL BE PARTICIPATING IN SUPERVISED PARENTING TIME.**

**PLEASE DESCRIBE YOUR CURRENT PARENTING TIME/VISITATION:**

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**HAVE THERE BEEN PROBLEMS WITH THE CURRENT ARRANGEMENT?**

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**LIST POSSIBLE TIMES AND DAYS FOR SUPERVISED PARENTING TIME/VISITATION:**

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**ARE YOU CONCERNED ABOUT THE CHILD'S INVOLVEMENT IN SUPERVISED PARENTING TIME/VISITATION?**

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**DO YOU HAVE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW?**

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**PLEASE INDICATE YOUR PREFERENCES CONCERNING THE FOLLOWING:**

FOOD FOR CHILD DURING PARENTING TIME/VISIT:       YES    NO

GIFTS FOR CHILD DURING PARENTING TIME/VISIT (THAT CHILD WILL TAKE HOME):       YES    NO

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  HOME  CELL

ALTERNATE TELEPHONE NUMBER: \_\_\_\_\_  HOME  CELL

**PLEASE SIGN AND DATE THIS APPLICATION:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**DO YOU HAVE AN ATTORNEY REPRESENTING YOU?**     **YES**    **NO**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD(REN) HAVE A CASA OR GUARDIAN AD LITEM?**     **YES**    **NO**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE A CHILDREN'S SERVICES CASEWORKER?**     **YES**    **NO**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE AN UPCOMING HEARING?**     **YES**    **NO**

DATE: \_\_\_\_\_

COURT, JUDGE OR MAGISTRATE: \_\_\_\_\_