



**Supervised
Visitation
Network**



EDUCATE . COLLABORATE . ADVOCATE

Family Law Intake Form

Date: _____ Person Completing Form: _____

Family Information:

Name: _____ DOB: _____ Age: _____ Last 4 SSN # _____

Name: _____ DOB: _____ Age: _____ Last 4 SSN # _____

Child: _____ DOB: _____ Age: _____ Last 4 SSN # _____

Child: _____ DOB: _____ Age: _____ Last 4 SSN # _____

Child: _____ DOB: _____ Age: _____ Last 4 SSN # _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Employment Status: Employed Full-Time - Place of Employment: _____

Employed Part-Time - Place of Employment: _____

Homemaker Disabled

Unemployed (looking) Unemployed (not looking)

Student – School Name: _____

Vehicle

Model _____ Year _____ Color _____

License Plate _____ Driver's License# _____

*****The Family Resource Center must be notified of any suspension or revocation of Driver's License

Reason for Court Involvement

Neglect Sexual Abuse Physical Abuse Emotional Abuse
 Other-Please Explain _____

Is this the first time the family has been involved with the Courts? Yes No

If no, briefly describe previous history with the Courts:

Do you have an attorney representing you? Yes No

Name: _____ Number: _____

Do you have an upcoming hearing? Yes No

Date: _____

Please describe your current parent/past visitation arrangements:

Have there been problems with the current/past arrangement?

When is the last time the Non-Custodial parent has seen the child(ren)?

Child's Health

1. Does your child have any medical concerns that Family Resource Center staff should be aware of? Yes No

Describe: _____

2. On any medication? Yes No

If so please list below.

Name (s): _____

Strength/Dosage: _____

3. Does your child have any allergy concerns that Family Resource Center staff should be aware of? Yes No

Describe: _____

4. Does your child have any challenges that they have been diagnosed with? Yes No
(eg: ADHD, Autism, Developmental Delays)

Describe: _____

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? __ Yes __ No

Name: _____

Health

1. Do you have any medical concerns that Family Resource Center staff should be aware of?
 Yes No

Describe: _____

2. Do you have any allergy concerns that Family Resource Center staff should be aware of?
 Yes No

Describe: _____

Treatment History

Does the family have a history of drug/alcohol abuse? __ Yes __ No

If yes, specify who the user is and type of addiction:

Is parent currently abusing drugs/alcohol/ __ Yes __ No If so, Type: _____

Are parents currently in treatment or previously received services for drug/alcohol issues?

Yes No If yes, where? _____ How long ago? _____

Does the parent have a history of mental illness? Yes No If yes, type: _____

Is the parent currently taking or previously taken medications for mental illness? Yes No

If yes, list medications and if currently on or previously taken:

Please describe any other medical problems, including **current medications**:

Other Services Currently Involved In

Probation/Parole Mental Health/Counseling Support Groups DFCS Dom Viol

Other (ex: parent aide) _____

Has parent attended parenting classes? Yes, where _____ No

Relational History

Are you currently married? Yes No Spouses Name: _____

Are you currently living with someone? Yes No Name: _____

May we leave a message with this person? Yes No

Have you ever been involved in an abusive relationship? Yes No

With who? _____ for how long _____ What did you do about it?

How many people are in your family (including you, your spouse, children)? _____

Who do you turn to when you need help and support? _____

What type of discipline do you use with your children? _____

What family activities do you and your family do together?

What do you feel is the biggest problem for you and your family? _____

What do you feel would help you the most? _____

If you could have 3 wishes (realistic or not) what would they be?

1. _____
2. _____
3. _____

What are your immediate goals in working with Family Resource Center Visitation Center?

Are there any other issues Family Resource Center Visitation Center should be aware of?

Emergency Contact

Please provide 2 emergency contacts.

Name: _____ Phone: _____

Relationship to parent: _____

Name: _____ Phone: _____

Relationship to parent: _____

I authorize the emergency contact to be called if Family Resource Center staff considers it necessary. In return for my use of the services at Family Resource Center, I release Family Resource Center staff from all claims and I assume all risk for claims which may arise as a result of acts or omissions by my emergency contact persons.

Family Resource Center will call 911 for any emergency situations. Information may be released from my file for their needs to supply me with emergency care and contacts. Family Resource Center and its programs are not responsible for costs of transportation, doctors, hospital or urgent care costs. I release Family Resource Center for any responsibility of care due to medical emergency at any time.