



Sample
Supervised Visitation
and Safe Exchange
Referral Forms



Inspire Action for Social Change

SUPERVISED VISITATION AND SAFE EXCHANGE COURT REFERRAL FORM

REFERRING COURT INFORMATION

Date: _____ Court Case # _____

Name of Judge _____ Department # _____

Name of Supervised Visitation Provider: _____

FAMILY INFORMATION

Name of Parent 1: _____ A.K.A: _____ Mother OR Father

Contact Phone # for Parent 1: _____ Primary Language Spoken, if other than English: _____

Name of Parent 2: _____ A.K.A: _____ Mother OR Father

Contact Phone # for Parent 2: _____ Primary Language Spoken, if other than English: _____

SERVICE INFORMATION *All Services Are Contingent Upon Program Acceptance and Availability*

Type of Service Requested:

Supervised Visitation Therapeutic Supervised Visitation Supervised Exchanges

Frequency of visitation: _____ **OR** See attached for details

Should restrictions on third parties attending visitations be considered by the program?

No Yes, whom? _____

Should other restrictions or guidelines be considered by the program?

No Yes, what? _____

Date of Next Court Appearance Regarding Custody & Visitation: _____

Next Court Appearance Not Set

Has there been court involvement regarding custody &/or visitation:

No Yes – if yes please provide details regarding this court involvement:

Restraining/Protective Order? Yes–current Not currently–previous protection order

Not aware that there has ever been a restraining or protective order issued

Restrained Party _____ Protected Party: _____

SUPERVISED VISITATION AND SAFE EXCHANGE COURT REFERRAL FORM

OTHER SERVICES

- BIP..... Parent 1 Parent 2
- Mental health services Parent 1 Parent 2 Child: _____
- Parenting skills assistance..... Parent 1 Parent 2
- Substance abuse program Parent 1 Parent 2
- Other services: Parent 1 Parent 2 Child: _____
- Other services: Parent 1 Parent 2 Child: _____
- Other services: Parent 1 Parent 2 Child: _____

CONFIDENTIAL CASE HISTORY

Please check possible case issues that apply (impressions, allegations or evidence of risk) that are relevant to the safety of a child or protected parent in the SV/E program and indicated who which parent has the concerning behavior:

- Domestic violence..... P1 P2 Physical abuse – child ... P1 P2
- Abduction concerns P1 P2 Stalking..... P1 P2
- Child sexual abuse P1 P2 Suicide attempt P1 P2
- Sexual assault..... P1 P2 Mental Illness P1 P2
- Significant parenting skill deficit..... P1 P2
- Emotional abuse to child P1 P2

Describe:

- Substance abuse – If yes, specify: alcohol street prescription drugs..... P1 P2

- Violation of court order P1 P2

Explain what type of violation:

- Criminal behavior – arrests, convictions or formal charges of criminal offenses..... P1 P2

Explain what type of criminal offenses:

- Other issues that apply P1 P2

Specify:

- Other issue that apply P1 P2

Specify:

SUPERVISED VISITATION AND SAFE EXCHANGE COURT REFERRAL FORM

Please provide any other narrative details regarding why supervised visitation services have been ordered, recommended or agreed upon (use additional pages as needed):

SAMPLE

SUPERVISED VISITATION AND SAFE EXCHANGE COMMUNITY REFERRAL FORM

REFERRING PARTY INFORMATION

Date: _____

Name of the organization / program making the referral: _____

Name of the referring person: _____

Contact Phone # of referring person: _____

Name of Supervised Visitation Provider: _____

FAMILY INFORMATION

Name of Parent 1: _____ A.K.A: _____ Mother OR Father

Contact Phone # for Parent 1: _____ Primary Language Spoken, if other than English: _____

Name of Parent 2: _____ A.K.A: _____ Mother OR Father

Contact Phone # for Parent 2: _____ Primary Language Spoken, if other than English: _____

SERVICE INFORMATION *All Services Are Contingent Upon Program Acceptance and Availability*

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SAMPLE