



Parent Intake Form

Arizonans for Children – Supervised Visitation Center

(Both parents will complete this form and submit)

Full Name of Parent completing this form:						
Date of birth:			Social security number:			
Current address/City/State/Zip:						
Vehicle (Make/Model/Year/Color):						
Cell phone number:			Home phone number:			
Work Phone Number:						
Email address:						
Emergency contact's full name and phone number:						
Relationship of emergency contact to parent:						
Will you require a translator? If yes, what language?						
Employment Information:						
Current employer:			Position:			
Work schedule:			Hourly/Annual income:			
Length of employment:			City/State:			
Please indicate ALL the options you are available able to schedule a visit. Please do not base this on preference:						
Mon: AM PM	Tues: AM PM	Wed: AM PM	Thurs: AM PM	Fri: AM PM	Sat: AM PM	Sun: AM PM
Do you have a court order for visitation or are you seeking services voluntarily?						
Name of the parent requiring supervision as it appears on the court order: Where does this parent live (City, State)?						

Who is responsible for paying for the fees? (Intake/Visitation fees) <i>Please note if the court order does not outline who is responsible or the parties involved have not agreed on who will pay the fees, the agency will bill each party half of the fees.</i>	
Name of Judge:	Case Number:
Name of attorney if applicable:	
Name of Court Appointed Advisor/Best Interest Attorney if applicable:	
Last court date:	Next court date:
What visitation schedule was court ordered and/or agreed upon between the parties involved?	
Why are supervised visits recommended/required?	
Does the court order outline any guests that are allowed to attend the visits? If so, please list the names of each individual and how they are related to the child.	
Are you involved in the legal system for any other reason? If so, explain:	
Are you under the care of a counselor or physician for any condition? If so, what is the reason:	
Is the Department of Child Safety (formerly CPS) involved in your case? If so, please provide the reason:	
Will you require a service animal to be present?	
Do you have an order of protection/restraining order in place? If so, with who and when does the order expired?	

When did the parent that requires supervision last see the child(ren)? Was the interaction supervised? If so, by who?

What challenges, if any, do you expect from the other party in regards to supervised visits/exchanges?

Authorization for drop off/pick up of children:
(The parent the child lives with will complete this section)

I authorize (list full names and relationship to child) to drop off/pick up my children in lieu of myself. I understand that the parties I authorize will also be required to follow Arizonans for Children guidelines and rules regarding exchanges and visitations. I understand that they may be required by Arizonans for Children staff to show a driver's license as proof of identification. Failure to provide identification may result in children not being released to that party:

By checking the boxes below I acknowledge:

- I understand I may be placed on a waitlist for services.
- I understand although preference of location (Mesa vs Phoenix) is considered, visits will be scheduled where there is availability.
- Communication is handled via email to keep documentation in place for the courts, you, and the Agency.

Signatures:

Applicant's Printed Name:

Date:

Signature of Applicant:

Signature of Director of Supervised Visitation if approved:

Date:

If not approved, Director will provide explanation here: