



Summit Families First, LLC

Your Information

Name: _____

Address: _____

Telephone number: _____

Email: _____

Make and Model of your vehicle: _____

In the event that you cannot be reached please provide an emergency contact:

Name: _____

Telephone number: _____

Email: _____

Information about the opposing party or other parent

Name: _____

Address: _____

Telephone number: _____

Email: _____

Child(ren) information

Name

Date of Birth

Your relationship to child(ren): _____

Any known allergies of child(ren): _____

Any medical issues of the child(ren) that the staff needs to be aware of: _____

Do any of the child(ren) need assistance with use of bathroom or are currently in diapers?

Yes No

If Yes please explain assistance required and who is to provide assistance: _____

Do any of the child(ren) have special needs: Yes No

If Yes please explain: _____

Are you expecting the parent in supervision to provide any necessities (food, diapers, etc) for the children during visitation?

Yes No

If Yes please explain: _____

Are the child(ren) participating in individual or family therapy?

Yes No

If Yes please provide the name and contact information of the therapist(s):

Visit Information

Reasons for supervision – please check all that apply:

- Alcohol addiction/concern
 - Drug addiction/concern
 - Mental health – provide diagnosis: _____
 - Physical abuse of child(ren)
 - Emotional abuse of child(ren)
 - Neglect of child(ren)
 - Domestic violence
 - Risk of abduction/kidnap
 - Lack of relationship or poor with child(ren)
 - Parental alienation
 - Unsubstantiated/undetermined accusations
 - Other – please describe: _____
- _____
- _____
- _____
- _____

Please complete this section consistent with any existing court order, if your wishes depart from the court order or Guardian ad Litem recommendations, the order or GAL recommendations must be followed.

Are you responsible for paying for visits? If yes what percentage? _____
Length/duration of visit: _____
Frequency of visit: _____

If the visits may occur in a public location, please provide proposed locations: _____

May any third parties be present during supervision? If so, please state names of third parties who may participate: _____

May the child(ren) be provided with gifts during the visit? _____

May the photographs of the child(ren) be taken during the visit? _____

May videos of the child(ren) be taken during the visit? _____

Any other concerns that staff need to be aware of? _____

Please check all possible times that you are available for visits. Please provide as many times as possible as availability is limited:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
9am-10am							
10am-11am							
11am-12pm							
12pm-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
6pm-7pm							
7pm-8pm							

Please note that you must update us as your availability changes.

Case Information

Attorney name: _____

Attorney phone number: _____

Attorney email: _____

Opposing Attorney name: _____

Opposing Attorney phone number: _____

Opposing Attorney email: _____

Guardian ad Litem name: _____

Guardian ad litem phone number: _____

Guardian ad Litem email: _____

Case number: _____

Order of Protection case number: _____

Please provide court order for visitation if any via email to summitfamiliesfirst@gmail.com.

Please remember to update us if any of the information above changes!!!!