Summit Families First, LLC

GAL Information

Name:_____

Address: _____

_____

Telephone number:_____

Email:_____

If you wish to be contacted outside of your normal business hours in the event of an emergency, please provide your personal cell phone number:_____

Case Information

Attorney name:_____
Attorney phone number: _____
Attorney email:_____

Opposing Attorney name:_____
Opposing Attorney phone number: _____
Opposing Attorney 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 as visitation agreements or orders change.

Visit Information

Reasons for supervision: _____
_____
_____
_____

_____

Who is responsible for paying for visits and in 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? _____

Do any of the child(ren) have special needs: __Yes ___No

If Yes please explain: _____
_____

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

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):

_____
_____

Should we be anticipating a lack of cooperation from either parent? If so please tell us which parent and provide any relevant details:_____

_____
_____
_____
_____