guardianhouse

DEMOGRAPHICS
SUPERVISED VISITATION

This information will be released upon subpoena or direction from the court.
Personal information will be removed prior to releasing.

Office Use Only	
Date of Intake:	
Fee per hour (based on verification of monthly income):	
Visitation Schedule:	
Tell us about yourself ☐ Custodial Party Your relationship to child(ren): ☐ Non Custodial Party	
Name:	
Date of Birth:	Age:
Spouse's Name, if Applicable:	
Street Address:	Apt No:
City:	Zip:
Phone (Home):	Phone (Work):
Mobile:	Phone (other):
Email:	
Mental Health Issues:	
Substance Abuse Issues:	
Tell us about those involved in your case	
Cause/Case Number:	Judge:
Do you have an attorney for this case? ☐ Yes: Please fill in attorney information below. ☐ No	
Attorney Name:	

Street Address:		
City:		Zip:
Phone:	Fax:	
Guardian Ad Litem, if Applicable:		
Street Address:		
City:		Zip:
Phone:	Fax:	
Employer Information ☐ Working: Please fill in information below. ☐ Not Working: Please skip this section.		
Job Title:	Employer:	
Street Address:		
City:		Zip:
Other Income:		
Tell us about your car ☐ I own a car: Please fill in information below. ☐ I do not own a car: Please skip this section.		
Auto Insurance Provider:	Policy #:	
Make/Model of vehicle:		Year:
Color:	License Plate #:	State:
DL #:	Other Identification:	
Tell us about the children that will be having Supervised Visits. **Please list children from oldest to youngest.**		
Child's Name:	Date of Birth:	
School/Day Care:	Therapist:	
Medical Information, including allergies and special needs:		
Mental Health Information:		
Child's Name:	Date of Birth:	
School/Day Care:	Therapist:	

Medical Information, including allergies and special needs:
Mental Health Information:

Child's Name:	Date of Birth:
School/Day Care:	Therapist:
Medical Information, including allergies and special needs:	
Mental Health Information:	

Authorized Emergency Contacts/Authorized to Pick-Up Children	
Name:	
Relationship:	Phone:
Cell:	Fax:
Name:	
Relationship:	Phone:
Cell:	Fax:

I swear and affirm that the above information is true and correct. I understand that I must report changes to Guardian House within five working days. I authorize the staff at Guardian House to contact any source necessary to establish the accuracy of information which pertains to this case.

_____ _____

Client Signature Date