

Case No.: _____

Intake Agenda & Checklist

We pride ourselves in providing a safe, comfortable, and neutral environment for children to be able to initiate, reunite with, and/or continue a relationship with their non-custodial parent(s).

1. Please complete the following items in preparation of the intake meeting:

- ☐ All intake and forms in this welcome packet.
- ☐ Copy of a government-issued photo ID of yourself
- ☐ Copy of a government issued photo ID of anyone approved to pick up or drop off your child(ren), if applicable. *Custodial Party Only*
- ☐ Any court orders, stipulations, or other legal documents which pertain to protective orders, visitation, time-sharing, or exchanges as applicable.
- ☐ A recent photo of any child(ren) participating in visitation. *Custodial Party Only*
- ☐ Your attorney's contact information.
- ☐ Any additional information you believe will aid or support THROUGH THE VALE staff provide safe and effective visitation.

2. Be prepared to review pertinent case information or history with THROUGH THE VALE staff. This may include why services are necessary, what services are required, and/or any family dynamics that are important for us to know.

3. Review forms and policies. Staff will walk through our policies and requirements for the custodial parties as well as non-custodial parties and any other individuals involved. We will review fee information, bathroom and health procedures, emergency protocols, child information, provided court documents and orders, child health and allergy information, personal history, and any other necessary procedures.

4. Establish a time-sharing plan. Visitation will not be scheduled until intake meetings have been processed by all involved parties. We will discuss a plan for the first visitation appointment and your expectations. We will also discuss any parties that will be participating in the visit and any desired activities. We do our absolute best to make birthdays, holidays, and important dates special for the child and all involved parties within reason and which conform with any court orders.

5. Discuss any payment arrangements, stipulations, and fee schedules. Unless otherwise noted in the most recent court order, it is assumed that the non-custodial party will pay 100% of the standard visitation fees. Late fees are always the sole responsibility of the offending party. If you believe there should be other payment arrangements for your case, it is your responsibility to request clarification from the judge assigned to your case.

6. Acclimation of the child(ren). We encourage the child(ren) to attend a separate meeting to properly acclimate. During this time, staff may speak casually with the child or show them around the visitation space. We do not advise they attend the intake meeting unless accompanied by another adult who is not involved in the case. *Custodial Party Only*



Case No.: _____

Supervised Visitation & Exchange Intake Form

Case Name: _____

I am the ☐ Custodial Party ☐ Non-Custodial Party ☐ Other: _____

Name: _____ DOB: _____
Last First MI

I am the Child(ren)'s: ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

Residential Address: _____
Street Address City State Zip

Mailing Address: _____
Street Address City State Zip

Phone Contact:

Home: _____ ☐ Voicemail Okay ☐ Text Okay

Cell: _____ ☐ Voicemail Okay ☐ Text Okay

Work: _____ ☐ Voicemail Okay ☐ Text Okay

Email: _____

I understand that email communication cannot be opted out of. *Please initial:* _____

Employer: _____ Position: _____

Work Address: _____
Street Address City State Zip

Do you have contact with the other party? ☐ Yes ☐ No

Is there a no-contact order? ☐ Yes ☐ No

Signature: _____ Print: _____ Date: _____



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Supervised Visitation & Exchange Intake Form

Court Information:

Judge Name: _____ Case Number: _____

County in which current petition filed: _____ Phone: _____

Custodial party's attorney: _____ Phone: _____

Email: _____

Address: _____
Street Address City State Zip

Non-custodial party's attorney: _____ Phone: _____

Email: _____

Address: _____
Street Address City State Zip

Children listed in the current Visitation Order:

Name: _____ Gender: _____ DOB: _____ Age: _____

Name: _____ Gender: _____ DOB: _____ Age: _____

Name: _____ Gender: _____ DOB: _____ Age: _____

Name: _____ Gender: _____ DOB: _____ Age: _____

Name: _____ Gender: _____ DOB: _____ Age: _____

Additional Information: _____

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Supervised Visitation & Exchange Intake Form

Legal & Case Information:

Estimate the number of times you have been to court due to visitation disagreements: _____

Is there an order of any type that prevents you from contacting the other party: ☐ Yes ☐ No

If yes, you must supply a copy

Number of times the police have been contacted to enforce a no-contact order: _____

Number of times the police have been contacted for custody/visitation disagreements: _____

Have you and/or the other party been convicted of a crime?

Custodial Party: ☐ Yes ☐ No ☐ Unknown

Non-Custodial Party: ☐ Yes ☐ No ☐ Unknown

Describe: _____

Is there a history of abuse toward you by any other party in this case? ☐ Yes ☐ No ☐ Unknown

Type of abuse, if any: ☐ Physical ☐ Emotional ☐ Sexual ☐ Other: _____

Was there a weapon involved? ☐ Yes ☐ No

Does any party own weapons? ☐ Custodial ☐ Non-Custodial ☐ Neither ☐ Both ☐ Unknown

Have any of the child(ren) in this matter ever witnessed the abuse referenced above? ☐ Yes ☐ No

Describe: _____



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Legal & Case Information (continued):

Have any weapons ever been used in a dispute involving the child(ren)? ☐ Yes ☐ No

Describe: _____

Have any weapons been used against anyone attempting to enforce a legal order (i.e.: opposing parties, CPS, police/law enforcement, attorneys, providers, etc.)? ☐ Yes ☐ No ☐ Unknown

Describe: _____

Have the child(ren) in the visitation order been threatened or assaulted by any party? ☐ Yes ☐ No

Describe: _____

Has any party ever been involved with Child Protective Services (CPS)? ☐ Yes ☐ No

Describe: _____

Has a weapon been used in a dispute in front of the child(ren) in this order? ☐ Yes ☐ No ☐ Unknown

If yes, what type of weapon did the child(ren) witness the use of? ☐ Knife ☐ Gun ☐ Other: _____

Do you believe the child(ren) have access to any weapons? ☐ Yes ☐ No ☐ Unknown

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Custody & Visitation Arrangements:

Who currently has legal custody of the child(ren)?

☐ Mother ☐ Father ☐ Guardian ☐ Joint ☐ Other: _____

Who currently has physical custody of the child(ren)?

☐ Mother ☐ Father ☐ Guardian ☐ Joint ☐ Other: _____

Who currently has medical custody of the child(ren)?

☐ Mother ☐ Father ☐ Guardian ☐ Joint ☐ Other: _____

Additional Custody Information or Arrangements: _____

Until today, what were the visitation or custody arrangements? _____

How frequently have the visits been with the child(ren)? _____

How consistent have the visits been with the child(ren)? _____

How long have the visits been with the child(ren)? _____

Where did the prior visits with the child(ren) primarily take place? _____

Why have the arrangements changed? _____

When did the last visit take place? _____

Who was present? _____

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Supervised Visitation & Exchange Intake Form

Custody & Visitation Arrangements (continued):

Are the child(ren) aware why the visits will be supervised? ☐Yes ☐No ☐Unknown

Do you need assistance explaining the arrangements with the child(ren)? ☐Yes ☐No ☐Unknown

How do you believe the child(ren) will react to the visits taking place here? _____

Do you believe the child(ren) will react positively to seeing the non-custodial parent? ☐Yes ☐No

How can THROUGH THE VALE and our staff make this a better experience for the child(ren)?

Will either party or the child(ren) require an interpreter? ☐Yes ☐No

Are there any other concerns regarding visitation or arrangements? _____

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Supervised Visitation & Exchange Intake Form

Please read the following policies and procedures carefully. If you have any questions, concerns, or require clarification, let us know as soon as possible so we can best assist you. By initialing on each line, you are agreeing to these written policies and procedures in full. These items may be altered, rescinded, or added to at any time by THROUGH THE VALE. We will endeavor to contact you via writing, typically by email, prior to any changes being implemented.

1. _____ I understand that smoke breaks are not allowed and chewing gum inside the visitation area is strictly forbidden.
2. _____ Food and drinks brought to the visit cannot contain any drugs, alcohol, or illicit substances. This includes THC and CBD products. THROUGH THE VALE is not responsible for any food eaten on the premises that is provided by the parties or any external source.
3. _____ Non-custodial parties may not breast-feed or provide breast milk for use during visitation unless expressly allowed in the most-recent court order.
4. _____ All diapering and toileting assistance will be provided by the non-custodial parent, unless otherwise noted in the most recent court order. *Please see Diapering Policy*
5. _____ All weapons must be left at home. This includes guns, knives, pepper spray/mace, brass knuckles, or any other object, intended or otherwise, that may cause harm to the child(ren) or staff members. Being found with or suspected of concealing any weaponry, will result in visit termination and a police report will be filed. Future visits will not be scheduled until new orders are issued.
6. _____ Open and home-made food and drinks are not allowed, as the safety of these items cannot be verified or assured.
7. _____ All information gathered is treated as confidential and only shared with parties outlined in the visitation order, their attorneys, or the court as required.
8. _____ Reports are filed with the appropriate court(s) every 8 weeks, unless otherwise noted. Parties and their attorneys may request summaries at any time. There is a \$25 Report Fee for any summaries requested prior to the assigned filing schedule.
9. _____ I agree to THROUGH THE VALE fee schedule in its entirety. This includes due dates, late fees, returned check fees, payment remittance, etc.
10. _____ I agree to abide by and comply with THROUGH THE VALE cancellation, reschedule, and no-show policy as laid out on the appropriate fee schedule.
11. _____ I agree to ensure the child(ren) use the bathroom prior to the start of the visit (custodial party) or I agree to use the bathroom prior to the start of the visit (visiting party). This is to maximize visitation time between the non-custodial party and the child(ren).
12. _____ I understand that all interactions notated by staff are observations and fact without bias, judgement, or prejudice.
13. _____ I certify that all information within this packet is truthful and accurate. It is grounds for dismissal if it is discovered that I have lied or misrepresented any item within.

Signature: _____ Print: _____ Date: _____