

VISITATION CARE INTAKE FORM

1201 Marshall Road, Vacaville, CA 95687

Telephone # 707-564-8312

Email: vacavillevisitationcare@gmail.com

CUSTODIAL PARTY

NON-CUSTODIAL PARTY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

EMPLOYER: _____

MONTHLY INCOME: _____

DAYTIME PHONE () _____ EVENING PHONE () _____

CELL PHONE () _____ ACCEPTABLE TO LEAVE MESSAGE: Y OR N

E-MAIL: _____

NAME OF PARTY'S ATTORNEY _____

FAX # () _____ PHONE # () _____

NAME OF CHILD/CHILDREN ATTORNEY _____

FAX PHONE _____ PHONE # _____

NAME OF CHILD _____ AGE _____ DOB _____

NAME OF CHILD _____ AGE _____ DOB _____

NAME OF CHILD _____ AGE _____ DOB _____

PERTINENT MEDICAL INFORMATION FOR ANY OF THE CHILDREN

CBLF VISITATION CARE INTAKE FORM
ORDER AFTER HEARING INFORMATION

Do you have a court order Yes No Date Signed: _____

Presiding Judge or Commissioner: _____

Party responsible for payment: _____

Hours and days allotted for visitation/exchange as stipulated in court order:

Reason for supervised visitation or exchange: _____

Are restraining orders in place Yes No For what reason: _____

Date of the last contact between visiting party and child/children: _____

Describe this contact:

Confidentiality Form

All information provided to the Visitation Care Program Staff will remain confidential unless an authorization to release information has been signed. There are however three exceptions to this:

- 1- Visitation staff members are considered mandated reporters by the State of California and must report all unreported suspicions of child physical, sexual, emotional abuse or neglect.
2. Visitation staff is required by law to report any threats of intention of bodily harm to another individual to the local police and provide warning to the targeted person if it is believed that the threats are intended to be carried out.
3. Visitation staff will contact emergency personnel if it is determined that a person is in medical or emotional danger.

Custodial Parent/ Non-Custodial Parent — (circle one)

Signature: _____

Date: _____

Visitation Staff Signature: _____

Visitation Transportation Information

All parties are required to provide a valid department of Motor Vehicle issued identification or valid United States government issued identification.

Photocopy of Driver's License or Photo Identification

Driver's License Number _____

California ID Number _____

Vehicle make/model/color _____

Additional person and/or information:

Visitation Care Emergency Information

Emergency contact person: _____

Phone number () _____

Relation to child: _____

Medical Information:

Name of pediatrician _____

Phone number () _____

Does the child(ren) have medical insurance Yes No

Name of Insurance provider _____

Policy Number _____

The Visitation Care Program will call 911 in the event of an emergency. In case of an accident/emergency, I authorize a staff member at Visitation Care Program to call 911 and have the child/children taken to the nearest emergency facility for such emergency treatment. I authorize emergency treatments deemed necessary for the safety and protection of the child(ren) at my expense.

Custodial Signature _____ Date: _____

Staff Signature _____ Date: _____

Visitation & Exchange Schedule

Non-Custodial Parent _____

Custodial Parent _____

Child/Children _____

Visitation/Exchange Schedule:

Total Payment Due: _____

Non-Custodial Parent: _____

Custodial Parent: _____

CBLF VISITATION CARE PROGRAM PROCEDURES

To facilitate safe, comfortable and pleasant visitations for you and your child/children, we require all participating parties to comply with the following policies and procedures. **Parties choosing not to comply will not be afforded services.**

Prior to the initial visit being scheduled the non-custodial parent and the custodial parent must complete the required intake process separately. Also, a tour of the facilities will be arranged.

VISITATION(S) EXCHANGE PROCEDURES

The visiting party is expected to arrive 15 minutes before the scheduled visitation time and will be required to wait inside the visitation room. The custodial party is expected to arrive 5 minutes prior to the scheduled visitation time and will check in at the reception area. At that time staff will escort the child/children from the custodial party to the visiting party, the custodial party must then depart the center. Entry into other areas of the center without staff approval is not permitted. The custodial party is expected to arrive 5 minutes prior to the scheduled conclusion the visit. Staff will notify the monitor when the custodial party has arrived and the monitor will escort the child/children to the custodial parent in the reception area. The custodial party will leave immediately with the child/children. The visiting party is required to remain in the visitation room until released by the staff, normally an additional 5 minutes after the visit, It is the custodial party's responsibility to contact the program in the event of an emergency that prevents a prompt pick up of child(ren). **If the custodial parent is more than 20 minutes late picking up the child(ren) from the visit the appropriate authorities may be contacted.**

CANCELLATIONS

A 24-hour notice will be required for all cancelled appointments. If an appointment is cancelled in less than 24 hours, the canceling party is required to pay the full amount of the scheduled services. Services will be suspended until the balance is paid in full. When services are cancelled in less than 24 hours due to the medical concerns of the child, the fee will be waived, provided a doctor's excuse is presented, if there is a pattern of cancelled services or there are two "no shows" your services will be re-evaluated and may be terminated.

CBLF VISITATION CARE PROGRAM PROCEDURES

PUNCTUALITY

Please be punctual regarding your schedule arrival time. Services will be forfeited for that day if a party is more than 20 minutes tardy to their scheduled arrival time. The Late party will be held responsible for the cost of the forfeited services. Services will be suspended until the balance is paid in full. **We reserve the right to re-evaluate your services if late arrivals become a common occurrence. Arrival times will be documented for the court's review**

SCHEDULING

Visitation and exchange schedules are arranged in a manner consistent with your ORDER AFTER HEARING. If the ORDER after hearing does not specifically stipulate times or CBLF Visitation Care cannot accommodate the court ordered time, the schedules are based on vacant appointments and the parties' availability. Parties are encouraged to be flexible in scheduling. If both parties cannot agree to any of the offered times, we will request that you return to court.

COURT ORDERED CHANGES TO OUR SERVICES

If the court alters your services from visitations to exchanges, we will accommodate the order when the program is in possession of a signed ORDER AFTER HEARING indicates such a change.

EXCHANGE OF PERSONAL EFFECTS

Parties may not use the program or staff for the exchange of court documents, messages or subpoenas. Parties may not send messages from one party to another via the children. If a parent has a process server on Information regarding vital medical needs may be provided in writing to staff. This information will be forwarded to the non-custodial party.

GIFTS may be given

PHOTOS/VIDEO (selfies)

By permission only from the staff monitor or supervisor on duty, the parties may take photos of child(ren) and/or themselves with children if both parties are in agreement.

FEES

Fees are due at the beginning of each visit or exchange. If full payment is not made at the time of services, the services will be forfeited. The forfeiting party Will be held responsible for the full balance for the forfeited services. Services will be reinstated when the balance is paid in full. **We accept only cash or money order.**

PROHIBITED BEHAVIORS

Please refrain from the following behaviors when interacting with your child/children at the care center.

- Any form of corporal punishment or limit setting techniques or the use of force, intimidation or humiliation. Abusive, threatening, or sexually suggestive language. Whispering or speaking below a level that is inaudible to the monitor.
- Critical comments about the other party. Pressuring the children for affection or physical contact.
- Questioning the children about the other parent. Inappropriate touching of your child's body. Discussing court proceedings, orders or custody arrangements with or in the presence of your children.
- Discussing adult issues with or in the presence of your children. • Making promises about the future. Changing the physical appearance of the child without prior approval of the custodial party. Documentation of the visitation during the time of the services.

The purpose of Visitation Care is to create a safe and comfortable environment for your child/children during supervised visitation or exchanges. It is your responsibility to follow the monitor's directions and the procedures and policies so that services may proceed in a safe and comfortable fashion for your child/children.

Services will be terminated immediately for the following reasons:

1. Any attempt or threat of violence toward a child, parent or staff will result in termination of services. In addition, law enforcement will be notified.
2. Adults found carrying any type of weapons at the visitation site will immediately be terminated from the program. In addition, law enforcement will be notified,
3. Adults found possessing illegal drugs on the premises will be terminated from the program. In addition, law enforcement will be notified.

_____ have read the Visitation Care Program procedures and policies and agree to abide by them. I understand that if I choose not to comply with these procedures and policies that my services may be terminated. I am aware that my behaviors during the visitations and the exchanges are being documented and will be made available to the court.

Custodial Signature: _____ Date: _____

Non-Custodial Signature: _____ Date: _____

Staff signature: _____ Date: _____

Agreement for Services

_____ Custodial Party or Non-Custodial Party enter into agreement with the Visitation Care Program. The Visitation Care Program agrees to provide the following services.

The cost for this service will be _____ and will be paid for by _____ as stipulated **By The Order After Hearing.**

Payment will be due at the beginning of each services. All supervised visitation or exchanges will take place at the visitation center. If possible, services will be arranged as stipulated by the Order After Hearing- **If visitation care cannot accommodate the order an alternate time will be offered to the parties.** Parents agree to furnish visitation care with all updated custody orders, restraining orders, or other pertinent court documents relevant to services.

Court Reports. Before your next hearing, a summary report including dates of service and observed behaviors will be made available to the court. Interactions revolving around supervised visitations and exchanges are subject to documentation, it is the responsibility of each participating parties to inform Visitation Care of their next court hearing so that the documentation can be prepared in a timely fashion. For cases heard in Solano County, documentation will be sent only to the court. Occasionally the court may request further information, Visitation Care will provide the relevant information.

Termination of Services: Visitation Care reserve the right to terminate services as deemed when the safety of the children, participating parties or staff is compromised Every precaution will be put in place to ensure safety of all parties; however, the staff will not attempt to stop a child abduction. Each staff member is trained in emergency procedures and will contact the appropriate authorities immediately. Visitation care will not be held responsible for Violent actions toward another adult or child

I have read and clearly understand the Visitation care agreement. The information I have supplied to the program is accurate and truthful. I understand that if the program policies and procedures are not followed services will be terminated.

Custodial Signature: _____ Date: _____

Non-Custodial Signature: _____ Date: _____

Staff: _____ Date: _____