FORENSIC COUNSELING SERVICES

SUPERVISED VISITATION DATA FORM

Please fill this form out completely. You are responsible for providing updates if any information changes.

Your Name: _____
Last First Middle Maiden/Other names by which you are known

Present Address: _____
Street Apt. # City State Zip Code

Contacts: _____
Preferred phone number Fax number Email address (**please print clearly)**

Age: _____ Date of Birth: _____ Drivers License: _____
Number/State

Your relationship to the children in question: ☐ Biological Parent ☐ Grandparent ☐ Stepparent ☐ Other: _____

Children: *List the child or children involved in the court action. Use additional pages if needed.*

Name	Age	Date of Birth	Resides primarily with:

Court information: *Court Number and Cause Number should be at the top of your court order.*

County: _____ Court Number: _____ Cause Number: _____

Is there an Ad Litem or Amicus? ☐ Yes ☐ No If yes, who? _____

Your attorney: ☐ I am *pro se*/I have no attorney

Name: _____ Legal Assistant: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ Fax Number: _____

Email address (**please print clearly)**: _____

Other adults involved: *List the other adult(s) and attorney(s) involved in the litigation. Use additional pages if needed.*

Their name: _____ Relationship to children: _____

Their Address: _____
Street Apt. # City State Zip Code

Contacts: _____
Preferred phone number Fax number Email address (**please print clearly)**

Other adults' attorney: ☐ The other adult is *pro se*/has no attorney

Name: _____ Legal Assistant: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ Fax Number: _____

Email address (**please print clearly)**: _____

Emergency Contact Information: *Please list at least one person other than yourself who you authorize us to release the children to in an emergency if you cannot be reached.*

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Children's Medical Information: *Please list any special conditions, medications, allergies, etc.*

_____

_____

_____

Your Signature: _____ Date: _____

Please submit a color copy of your driver's license or government identification card and a clearly labeled picture of the children in question with this form.