

INFORMATION SHEET- SUPERVISED VISITATION AGREEMENT

Due to the non-confidential nature of supervised visitation, this information is subject to disclosure to the court and the opposing party/counsel. Where necessary, please seek guidance of counsel when completing any portion of this informational sheet.

VISITATION INTAKE FORM:

DATE: _____

Name of Child(ren): _____

Relationship to Child: _____

Case Number: _____

County: _____

First Name: _____

Last Name: _____

Maiden Name: _____

DOB: _____

Cell Number: _____

Alt tel. No: _____

Place of Birth: _____

Gender: _____

Email Address: _____

Place of Employment: _____

Position: _____

Home Address: _____ City: _____ ST _____ Zip _____

Vehicle (Year, Make, Model, Color): _____

Tag#: _____

Emergency Contact Name: _____

Number: _____

Name of Attorney: _____

Number: _____

Attorney Email: _____

Name of Amicus Attorney: (if applicable): _____

Name of Attorney Ad Litem (if applicable): _____

Number: _____

Person Responsible for Payment: _____

Referred by: Judge Attorney Mediation CPS OAG Other: _____

Last Court Appearance: _____ Able to provide Court Order: Yes No

Schedule recommended by the Court: _____

Beginning and ending dates and times of supervision: _____

Are you separated divorced never married from the child's other parent – When: _____

Did either side obtain a restraining order or protective order : Yes No

What allegations make the supervised visits or exchanges necessary?

1. Reunification needed (specify): _____
2. Mental Illness (specify): _____
3. Kidnapping date of incident or threat): _____
4. Domestic Violence (date of PO): _____
5. Substance Abuse (specify): _____
6. CPS involvement (specify): _____
7. Criminal Record (specify): _____
8. Child Abuse/Neglect (specify): _____

Custodial Parents Name: _____ Email: _____

Cell Phone Number: _____

Attorney Name: _____ Attorney Email: _____

Please provide the details of the terms of any order that may impact visitation: _____

Please list your understanding as to the basis of the need for supervised visitation: _____

Please list your concerns about visitation between yourself/the other parent and the child (ren): _____

Signed: _____ Date: _____

**CHILD(REN) - LIST THE DETAILS OF THE CHILDREN THE BASIS OF THE SUIT WHO WILLBE PART OF THE
SUPERVISED VISITATION**

Child's Name: _____
Date of Birth: _____
Nickname: _____
Grade Level _____

Name of Other Parent: _____
Place of Birth: _____
School Attended: _____
Interests/Hobby: _____

Child's Name: _____
Date of Birth: _____
Nickname: _____
Grade Level _____

Name of Other Parent: _____
Place of Birth: _____
School Attended: _____
Interests/Hobby: _____

Child's Name: _____
Date of Birth: _____
Nickname: _____
Grade Level _____

Name of Other Parent: _____
Place of Birth: _____
School Attended: _____
Interests/Hobby: _____

Child's Name: _____
Date of Birth: _____
Nickname: _____
Grade Level _____

Name of Other Parent: _____
Place of Birth: _____
School Attended: _____
Interests/Hobby: _____

Child's Name: _____
Date of Birth: _____
Nickname: _____
Grade Level _____

Name of Other Parent: _____
Place of Birth: _____
School Attended: _____
Interests/Hobby: _____

Denton County Supervised Visitation Program Rules

The *Denton County Supervised Visitation Program (DCSVP)* rules are available to assist parties and the Court in supervising visitation between adults and child(ren). We will ensure a stable and safe environment for proper visitations to be held.

Please initial each section and sign the last page of the rules document. Complete and sign intake form.

_____ **HOURS OF OPERATION AND LOCATION** *(initial)*

Hours of availability – Visitation Monday - Friday 5:30 pm - 8:00 pm. Saturday and Sunday 8:00 am - 8:00 pm. *DCSVP* is at The Law Center, located at 1504 E. McKinney Street, Denton, TX 76209.

We will be closed on Holidays – New Year’s Eve and New Year’s Day - Memorial Day - Independence Day - Thanksgiving Day - Christmas Eve, - Christmas Day. Visitations on the holidays listed may be schedule if Supervisors are available but will be an additional cost.

_____ **INTAKE** *(initial)*

All parties must complete the intake form and return the contract within 3 business days of the first visitation to take place.

DCSVP will email all parties the Intake and Rules forms. Upon completion of all required documents. Please email the documents to info@kidvisits.com

DCSVP will work with each party individually to set up visitation schedules.

_____ **HOW VISITATION EXCHANGES OCCUR** *(initial)*

The Supervised Party and Custodial Party shall arrive fifteen (15) minutes before the visitation is scheduled to begin and shall remain in their vehicle until contacted by the supervisor. If more than 15 minutes late, the visitation is terminated. The party who is bringing the child shall wait in their car until The Supervisor comes to the parking lot to obtain the child(ren) for the visit. Concluding the scheduled visitation, the party who is retrieving the child from the visitation facility shall remain in their vehicle, and the Supervisor will accompany the child(ren) to the parking lot and into that party’s vehicle. The Supervised Party shall remain in the visitation facility until the child(ren) has left the parking lot. At no time will the visitation move location to location by a vehicle. At no time will the supervised party be permitted to place a child(ren) inside their vehicle.

_____ **CANCELLATIONS AND MISSED VISITATIONS** *(initial)*

DCSVP does not establish fault of cancellation. Failure to provide an email notice to *DCSVP* at least 24 hours prior to the scheduled visitation will result in forfeiture of the payment. If the parties provide a doctor’s signed instructions specifying that the visitation with the other party should not occur and properly notifies all parties with **2 hours** advance notice, the parties will not be assessed any fees for that scheduled visitation. The note must contain a statement from the physician **specifically stating that the visitation should not occur.**

Payments are due at least 24 hours before the visitation start time. Failure to pay on time will result in cancellation of the visit. If supervised visitation is no longer required, you must email that information to *DCSVP*. Do **NOT** depend on the Courts, Attorneys, or the other party to notify.

If two scheduled visits have been missed or otherwise do not occur the case may be taken off the schedule. Parties are required to make contact with *DCSVP* in order to reinstate services. All parties will be notified when services have been suspended or reinstated via email to Attorneys, or Pro Se parties. If services have not been used for 6 months all parties may be required to repeat the intake process and may in additional fees.

_____ INTERACTING DURING THE VISIT *(initial)*

Parties are required to take care of and be responsible for supervising the child(ren) behavior during the visits. Parties are expected to set limits and discipline appropriately when needed. Physical discipline of any type (spanking, swatting, pinching, or any other type of corporal punishment) is not allowed. Child(ren) should not be allowed to harm other people or property or engage in other inappropriate behavior. Families are expected to pick up toys, clean up after themselves, and throw way all trash from their visit prior to leaving.

At no time will the supervisor not be in sight or sound of the supervised parties. If multiple child(ren) are present and one needs to use the restroom – one goes, all go.

During supervised visits – parties are expected to interact with the child(ren) in a positive and supportive manner. Any communication or behavior that is emotionally or physically threatening to the child will result in termination of the visit. Profanity will not be allowed. Derogatory comments or comments that paint the other parties in a negative light are never allowed.

_____ COMMUNICATION DEVICES *(initial)*

Please do not use any electric communication devices prior to the visitation. Communication devices are strictly prohibited during visits. Only use of cell phones is for time management.

_____ INTERACTION DURING THE VISITATIONS *(initial)*

Discussion of the litigation, the current legal situation, or issues involving the Court with the child or other adults during the visitation is NOT permitted. This includes any discussion of potential future issues that are not currently authorized by the court, such as the following

“When you get to visit me at home.”

“Tell Mommy/Daddy, I love them”

“When you get to see other family members or friends.”

“When this is all over....”

“We can go to Six Flags.”

“If you get to live with me...”

All conversations between the parties and the child must be audible to the person providing the supervised visitation. Unless a member of *DCSVC* understands another language, all conversations between the child and the parties must be done in English.

DCSVP will allow only the exchanges of the child(ren) and the items for the child(ren). The visitation may not be used to pass messages, exchange items, make support payments, or serve papers to the other party. Any attempt to serve papers or pass messages at the exchange or during the visit will result in a possible suspension or termination of services.

Gifts may be given to the child(ren) with restrictions. The staff reserves the right to inspect all gifts prior to the presentation to the child. A gift is defined as anything that the child(ren) can take with them at the end of a visit or exchange. Nothing may be given to the child at any time with the understanding that it is theirs, “when they go home” with the visiting party or to keep at the visiting party’s home. If a gift is given to the child(ren), that gift will leave with the child. Any gift exchange will be done with the custodial

parent's knowledge. No secret gifts will be allowed or exchanged.

Parties are not to place their hands on the child(ren) in any way the staff deems inappropriate. Unless limited by the Court, parties may have appropriate contact with the child. Visiting parties will not be allowed to touch child(ren) on their genitalia unless they are changing an infant. The parties are to ensure the child(ren) do not expose their genitalia or undergarments during the visitation. If parties encourage the child(ren) to assume a position that reveals their genitalia or undergarments the visit will be terminated.

Child(ren) may not be physically examined.

Pets or other animals will not be allowed to the visitation, save for animals assisting the disabled.

The DCSVP staff are there to observe interactions between the adults and child(ren) . The supervisor may interact when necessary, at their own discretion. Neither party should initiate involvement of the supervisor in conversation or activities.

Parties are not to involve the staff in discussion disparaging the other parties, providing personal information regarding the party or the other parties, getting staff to try to "take sides," or discussing their opinion of the court's orders.

Parties are not to ask personal questions of the staff, nor are they to offer food, drink, or other gifts to the staff. Bartering between parties and the staff or volunteers is strictly prohibited.

During visits, parties are not to discuss with the staff the case, litigation, concerns, complaints, questions or the other parties.

Video recording, audio recording, or photography is not allowed during visitation. Showing pictures or videos are prohibited. Unless the video is a moving picture, accompanied by sound such as a picture in television. The only exception to video recording, audio recording, or photography is by written approval of both parties. (See attached agreement)

All staff are required by law to report any reasonable suspicion of child abuse or neglect. This includes physical, sexual, or emotional abuse and physical neglect. We will also contact the appropriate authorities if there is harassment, threats, or physical contact during exchanges.

_____ WHO CAN ATTEND VISITATIONS (initial)

The only people that can attend a visitation is by agreement, Rule 11, Court Order. Please do not assume anyone can attend a visitation. If someone appears at a visitation that is not approved, the visitation may be terminated, or the person will be asked to leave. (IE: Stepparents, Grandparents, Sibling, Extended Relatives) All requests for additional attendees must be done by email 7 days in advance and approved by both parties. Approved guests will be on a week by week bases. Please submit to me by email the approved parties.

_____ WEAPONS/KNIVES (initial)

At no time are weapons allowed at any visitation this includes firearm, whether loaded or unloaded; or. a knife, bludgeon, club or any other weapon, device, instrument, material, or substance, whether animate or inanimate, that, in the manner it is used, or intended to be used, is capable of producing death or serious bodily injury.

I HAVE READ AND RECEIVED A COPY OF THESE RULES AND HAVE A COPY FOR MYSELF. I UNDERSTAND DCSVP VISITATION SERVICES RESERVES THE RIGHT TO REVISE AND/OR CHANGE POLICIES AT ANY TIME OR MODIFY RULES ON A CASE BY CASE BASIS. MY SIGNATURE BELOW INDICATES I UNDERSTAND THESE RULES AND AGREE TO FOLLOW THESE RULES. I UNDERSTAND THAT THE INFORMATION GATHERED DURING EXCHANGES AND SUPERVISED

VISITATIONS WILL BE RELEASED TO THE COURT AND OTHERS AUTHORIZED BY THE COURT TO HAVE SUCH INFORMATION. I UNDERSTAND THAT IF I DO NOT COMPLY WITH THESE RULES, THE VISITATION OR EXCHANGES MAY BE SUSPENDED OR TERMINATED AND NOTICE OF SUCH MAY BE PROVIDED TO THE COURT.

Printed Name

Signature

Date

Parent/Guardian Name (First, Last)

ALLOWING PHOTOGRAPHS/VIDEOS

I _____ approve pictures/videos to be taken during supervised visitations. All pictures or videos - must be taken in with the knowledge of the Supervisor. If the Supervisor deems that a picture or video is not appropriate, the Supervisor shall notify all attorneys.

Date

Signature

APPROVED PARTIES THAT CAN ATTEND VISITATIONS

The only persons listed below are allowed to attend any and all visitations.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please do not assume anyone can attend a visitation. If someone appears at a visitation that is not approved, the visitation may be terminated, or the person will be asked to leave. (EI: Stepparents, Grandparents, Sibling, Extended Relatives)

All requests for additional attendees must be done by email 7 days in advance and approved by both parties. Approved guests will be on a week by week basis.
Please submit the approved parties list to info@kidvisits.com.

Please obtain all signatures prior to submitting by email to info@kidvisits.com

APPROVED AS TO FORM:

Attorney Signed On _____

Attorney Signed On _____

APPROVED AS TO FORM AND SUBSTANCE:

Signature Parent/Guardian Signed On _____

Signature Parent/Guardian Signed On _____