

3. How many times have the police been contacted to enforce the restraining order?

4. Have you and/or the other party ever been convicted of a felony?

You:	Yes	No	
Other Party:	Yes	No	Don't Know

If yes, please describe: _____

5. Is there any history of abuse by the other party toward you?

Type of Abuse:

Physical (slapping, kicking, burning, destroying/throwing objects)	Yes	No
Sexual (raping, forcing/threatening sex, in presence of others)	Yes	No
Emotional (humiliating, name-calling, isolating, threat to hurt/kill)	Yes	No

If yes, estimate how often these incidents have occurred? _____

If yes, did any incidents occur in the presence of others? _____

Please describe the most recent incident.

6. Have there ever been charges filed against you or the other party for physical abuse?

You:	Yes	No	
Other Party:	Yes	No	Don't Know

7. Do you or other party own any weapons?

You:	Yes	No	
Other Party:	Yes	No	Don't Know

If yes, please describe type: _____

Have these weapon(s) ever been used/ threatened to be used in a domestic dispute? Yes No

If yes, please describe incident(s):

8. Have you or the other party assaulted or made threats to a law enforcement official, social worker or court official?

You:	Yes	No	Other Party:	Yes	No	Don't Know
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If yes, please describe incident(s):

9. Has your child(ren) witnessed the abuse? Yes No

If yes, estimate how often: _____

Has your child(ren) intervened? Yes No

If yes, please describe:

10. Has your child(ren) ever been abused (hit, hurt, threatened)? Yes No Don't Know
 Type of Abuse (see #5 for examples): Physical Sexual Emotional
 If yes, please explain:

11. Have you ever been involved with Child Protective Services? Yes No
 If yes, please explain:

HEALTH INFORMATION:

1. Do you have any special or medical problems that Time Together staff should be aware of? Yes No
 If yes, please specify:

Diagnosis/Disability: _____

Medication(s): _____

2a. Does your child(ren) have any special or medical needs (include allergies) that the visiting parent or Time Together staff should be aware of ? Yes No *Please Complete a **Medical Instruction Form** for each child.*

2b. Is your child(ren) receiving psychiatric/psychological treatment (e.g., therapy, medications)? Yes No
 If yes, please specify:

Diagnosis/Disability: _____

Medication(s): _____

3. Substance Abuse (by either party):

History of drinking alcoholic beverages:

By you: Yes No By Other Party: Yes No Don't Know

History of non-prescription (street) drugs:

By you: Yes No By Other Party: Yes No Don't Know

If yes, please state substance(s) of choice: _____

Please estimate how often these substances are used: _____

Do you believe that there is a problem with drugs or alcohol?

For you: Yes No By Other Party: Yes No Don't Know

Behaviors experienced/observed while under the influence:

Treatment: _____ Length of Sobriety: _____

CUSTODY AND VISITATION ARRANGEMENTS:

1. Who presently has legal custody of the child(ren)?
 Guardian Father Mother Joint Not determined at this time

2. Who presently has physical custody of the child(ren)?
 Guardian Father Mother Joint Not determined at this time

If there are different custody arrangements for each child, please specify:

Pre-Supervised Visit/Monitored Exchange Visitation Arrangements:

1. Until today, what arrangements were in place between you and the other party for contact/visitation with the child(ren)?

2. How frequent were the visits with the child(ren)? _____

3. How long, on average, have these visits lasted? _____

4. Where have these visits taken place? _____

5. The decision for visitation arrangements was made by/with assistance from:

You and your ex-spouse/partner Counselor or mediator Judge or an arbitrator

6. What was the date of the last contact between the visiting parent and child(ren)?

7. What is the understanding of the reason(s) why you were referred to Time Together?

Domestic Violence Allegations of History

Children Witness Abuse (a.k.a. Emotional Abuse)

Child Abuse Allegations or History, please specify:

Physical Emotional Neglect Sexual

Substance Abuse Allegations or History, please specify:

Alcohol Psychoactive drugs Prescription drugs

Lack of Access/Alienation of the child(ren)

Lack of contact/Re-introduction, specify time absent: _____

Poor Parenting Skills Allegations or History

Abduction Risk (threatened or attempted kidnapping)

Diagnosed Mental Illness

Other, please explain:

8. Have you informed your child(ren) of the Time Together court order and the reasons why Time Together services are needed? Yes No

If no, please explain why not:

9. What do you anticipate your child(ren)'s response to coming to Time Together? (eg, happy, shy, sad, scared, angry, etc.):

Custodial Party: Please review with your child(ren) How to Prepare Your Children for Visitation form.

Custodial Party: For Supervised Visitations ONLY: Do you and your child(ren) permit photographs to be taken during supervised visitations? Yes No **Please complete the Photo Consent Form.**

LANGUAGE NEEDS:

If you are a visiting parent for supervised visitations services and English is your second language, please comment on the following:

A. Primary language and dialect: _____

B. How would you best describe your command of the English language:

No translation needed or can get by without a bilingual staff present.

I prefer to have someone present who speaks my native language.

I must have a bilingual staff at all times.

Please note that Time Together makes every effort to provide bilingual services. If Time Together is unable to provide bilingual staff for any given visit, please comment on/check off your needs:

- I am fine with speaking in English if no bilingual staff are available.
- I would like Time Together to cancel all visits in which no bilingual staff are available.
- I would like Time Together to call me and let me know that bilingual staff are not available so that I can decide if I would like to cancel the visit.
- I would like to be informed just prior to seeing my child(ren) that I will need to speak in English.
- I would like for my child(ren) and me to be informed together that we will need to speak English.

Is there any aspect of yours or your children's racial, ethnic, and/or cultural background that you would like Time Together to consider while providing services? Yes No

If yes, please explain:

**Your needs will be considered to the extent that safety and neutrality is not compromised.*

SPECIFICS OF TIME TOGETHER:

Are you in agreement to using Time Together's Services? Yes No

If no, please explain

CONCERNS: Is there anything that you feel we need to know to best serve your court-ordered visitation needs?

Thank you for completing this Intake Application Form.

Signature *Date*

Staff Signature *Title* *Date*