

Date \_\_\_\_\_ Custodial \_\_\_\_\_ Visiting \_\_\_\_\_ Guardian / Other \_\_\_\_\_

### **Interview for Supervised Visitation or Monitored Exchange**

You will need to provide a copy of your Driver's License or photo ID, copies of all Court documents relating to case (divorce, custody, supervised visitation order, protective order, etc.), a report of written records relating to Domestic Violence (DV), a report of allegations of abuse or substantiated abuse, a report of the child/ren's health and any special needs. Information received during Supervised Visitation or Monitored Exchange services are not confidential. Monitors are required to submit a report to the Court and copy all parties involved.

If there has been DV or abuse, it is important to establish a parenting plan with your attorney and have it approved by the Court. This will establish custody, visiting times and responsibilities of each Parent.

Family Law Case Number \_\_\_\_\_ Next Court Date \_\_\_\_\_

\_\_\_\_\_ Supervised Visitation \_\_\_\_\_ Monitored Exchange and/or \_\_\_\_\_ Child Transportation

Your Name:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation / Workplace:

\_\_\_\_\_

Driver's License State and Number:

\_\_\_\_\_

*(A copy of your photo ID will be required.)*

Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Color: \_\_\_\_\_

Other Parent Name:

\_\_\_\_\_

**Children**

Name	M/F/N	DOB	Medical
Issues			

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In case of emergency / alternative designee** that your Monitor has permission to contact and/or release child/ren to. This person must be allowed via Court order or must NOT be listed as a person who must stay away from the child/ren.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Other Instructions:

\_\_\_\_\_

**Are you represented by an attorney? \_\_\_ yes \_\_\_ no**

(Please provide an attorney business card if you have one).

**Attorney Name and Phone for:**

Custodial:

Visiting:

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Child/ren:

**Social Worker Name and Phone:**

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**General Questions:**

1) Have you or the other parent ever said there is a concern about family violence?

Y  N  Not Sure      Describe: \_\_\_\_\_

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2) Has a request for a protective (restraining) order be filed by either Parent against the other Parent in the past five years?  Y  N  Not Sure

3) Is there a current protective (restraining) order?

Y  N  Not Sure      Describe: \_\_\_\_\_

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If yes, does the restrained Parent own weapons?  Y  N  Not Sure

Describe: \_\_\_\_\_

4) Do you have any concerns about the safety of the child/ren?

Y  N  Not Sure      Describe: \_\_\_\_\_

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5) Do you have any concerns about your safety when you are around the other parent?

Y  N  Not Sure      Describe: \_\_\_\_\_

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6) Do you have any concerns about substance use (drugs, alcohol or prescription) by the other parent?

Y  N  Not Sure      Describe: \_\_\_\_\_

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7) Are there any mental health issues impacting the other parent or child/ren?

Y  N  Not Sure Describe: \_\_\_\_\_

\_\_\_\_\_

8) Is there a written report of suspected or substantiated abuse by the other parent?

Y  N  Not Sure Describe: \_\_\_\_\_

\_\_\_\_\_

9) Do you or your child/ren have any health issues your Monitor should know about?

Y  N  Not Sure Describe: \_\_\_\_\_

\_\_\_\_\_

If yes, how can we help keep you and your child safe?

Describe: \_\_\_\_\_

10) What is your understanding of the need for SV or ME?

Describe: \_\_\_\_\_

\_\_\_\_\_

11) When is the last time you and your children were together?

Describe: \_\_\_\_\_

\_\_\_\_\_

**Use this space for any additional information you would like to share:**

Signed \_\_\_\_\_ Date \_\_\_\_\_