

Supervised Intake Form

Please fill out completely and write legibly!

Date:	Court Ordered:	Yes	No	
Referred by:	Family Law Court	Department of Child Services	Juvenile Court	Attorney
Other _____	Case # _____			
Name of Agency:				
Address:				
City:		State/Zip Code:		
Contact person:				
Phone #:	Fax:	Email:		

LEGAL INFORMATION

Attorney's name:	Phone#:	Fax#:
Address:		
Child's Attorney :	Phone#:	Fax#:
Address:		
Is there a restraining order preventing you and the other party from having direct contact with each other? Yes No Please submit a copy		
Have you been convicted of a felony, or misdemeanor? Yes No If yes: when/ describe:		

TYPE OF SERVICE NEEDED

Supervised Visitation (Monitoring)	Supervised Exchange Off/On Site	Telephone Monitoring
FaceTime & Skype Monitoring	Overnight Monitoring	Out of State Monitoring

REASON FOR REQUIRING SUPERVISED VISITATION

Abuse: Physical	Sexual	Substance	Emotional	Addiction	Neglect	Domestic Violence	Divorce
Mental Illness	Separated	Child Abduction	Other _____				
Explain:							

Signature: _____ Print Name: _____ Date: _____

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INTAKE INFORMATION			
Custodial Parent	Non-Custodial Parent	Guardian	Other _____
Date of Birth:		Gender:	
SSN#:		DL/ID#/Expiration Date:	
Marital Status: Single Married Divorced Separated Widow(er)			
Ethnicity: African American Native American Asian Caucasian Hispanic			
Bi-Racial (specify: _____) Other _____			
Primary Language Spoken _____			
Address:			
City:		State/Zip Code:	
Phone#:		Alternate #:	
Home	Cell	Work	Home Cell
A message may be left on this number: Home Cell Work Alternate			
Email:		Employer:	
Job Title:		Work #:	

In case of emergency, whom do you authorize Unity Family Services to contact?		
Emergency Contact Name	Phone Number	Relationship to You

TRANSPORTATION INFORMATION			
List your vehicle(s) you drive or vehicle(s) driven by person providing transportation for you.			
Year of Vehicle	Make/Model of Vehicle	Color of Vehicle	License Plate Number
Name of person transporting:			Phone#:
Will you be: taking public transportation walking dropped off			

Signature: _____ Print Name: _____ Date: _____

Unity Family Services
 PO Box 7194 · Moreno Valley, CA 92552
 (951-384-1875)
 ufamilyservices@gmail.com

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ADDITIONAL INFORMATION					
Do you have any identifying physical marks?	No	Yes	If Yes: Piercings	Tattoos	Scars
Birth Defect/Birth Mark(s) Physical Defect(s)					
Other: _____					
Describe/Location:					

APPROVED ADULT PARTICIPANT(S) (No other adults allowed participation, unless agreed upon by both parties or stated in court order) Must provide notarized written agreed upon letter from both parties, or court ordered document. *Photo ID is required*			
Name of Participant	Date of Birth	Gender	Relationship to Child

IS APPROVED ADULT PARTICIPANT(S) ONE TIME, ON-GOING, OR LIMITED TIME (If both parties have agree upon and not court ordered)			
Name of Participant	One Time	On-Going	Limited Time _____
	One Time	On-Going	Limited Time _____
	One Time	On-Going	Limited Time _____
	One Time	On-Going	Limited Time _____
	One Time	On-Going	Limited Time _____
	One Time	On-Going	Limited Time _____

Signature: _____ Print Name: _____ Date: _____