



A Children's Studio
760.292.5040

Custodial Parent, *Initial Screening Questionnaire*

CUSTODIAL PARENT INFO:

Full Name: _____

Telephone: _____

Email: _____

Mailing Address: _____

NON-CUSTODIAL PARENT INFO:

Full Name: _____

Telephone: _____

Email: _____

Mailing Address: _____

LEGAL REPRESENTATION:

Are you represented by an attorney? *If so, please provide name & contact information.*

Attorney of Record: _____

Attorney's Contact Phone: _____

Attorney's Contact Email: _____



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CHILDREN INVOLVED:

How many children do you have that will be requiring supervised visitation?

Full Name of Child: _____ Age: _____ DOB: _____ M/F

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COMPLETE IN DETAIL:

What type of services do you need? (ex. supervised visitation, exchanges, in person, zoom, etc.)

Why are you required or wish to have supervised visitation?

Do you have a court order? *If so, provide a copy of any court orders when returning this form.*

Who will be paying for the services?

Are there any allegations of sexual abuse? *If so, explain.*

Are there any allegations of physical abuse, neglect, emotional abuse? *If so, explain.*

Are there any allegations of domestic violence? *If so, explain.*

Is there a restraining order in place? *If so, please attach copy.*



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Do you or the other parent have a criminal history? *If so, explain.*

Is there past or present substance abuse? *If so, explain.*

Have you had professional supervised visits before? *If yes, please explain the terms and include contact info for the last Visitation Monitor.*

How many visits do you anticipate?

What are the specific terms of your supervised visits? *(ie: how many hours/per week)*

What city do you live in and will you be able to travel to the agreed upon location of visits?
(ACS services North County San Diego only.)

In regards to schedule, which days and time work best for you? OR- what is the current schedule if one has been established by parents or the courts?

Please list anything else you believe is important to share about your individual case.