

CHILDREN FIRST
Safe-Exchange & Supervised Visitation Family Services
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www.childrenfirstfamilyservices.com

PROFESSIONAL MONITOR INTAKE APPLICATION
(Revised February, 2009)

CONFIDENTIAL APPLICANT INFORMATION

Date: _____ Case Name: _____ Case Number: _____

County: El Dorado Nevada Placer Sacramento Yuba

Custodial Parent: MOTHER FATHER GUARDIAN

Non-Custodial Parent: MOTHER FATHER GUARDIAN

Intake Application For: MOTHER FATHER GUARDIAN

NAME: _____ D.O.B. _____

ADDRESS: _____ D.L.#: _____

S.S.#: _____

HOME#: (____) _____

CELL#: (____) _____

MESSAGE#: (____) _____

E-MAIL: _____

EMPLOYER: _____

ADDRESS: _____

TITLE: _____

PHONE#: (____) _____

NAME(S) AND AGE(S) OF CHILD(REN) TO BE MONITORED:

NAME: _____ D.O.B.: _____

NAME: _____ D.O.B.: _____

NAME: _____ D.O.B.: _____

NAME: _____ D.O.B.: _____

NAME: _____ D.O.B.: _____

ATTORNEY NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____

E-MAIL: _____

ALTERNATE EMERGENCY CONTACTS:

NAME: _____ PHONE #: (____) _____

ADDRESS: _____

RELATIONSHIP TO PARENT/CHILD: _____

NAME: _____ PHONE #: (____) _____

ADDRESS: _____

RELATIONSHIP TO PARENT/CHILD: _____

LEGAL INFORMATION

1. What type of allegations exist in this case?

2. Do you have a restraining order to protect you from the other parent? YES NO

3. How many times have you been to court about visitation disagreements? _____

4. Have the police been contacted to enforce the restraining order? YES NO

If Yes, please explain: _____

5. Has there ever been charges filed against you or the other parent for abuse? YES NO

If Yes, please explain: _____

6. Have you ever been convicted of a felony? YES NO

If Yes, please explain: _____

7. Has the other parent ever been physically, sexually or emotionally abused by you or anyone else? YES NO

If Yes, please explain: _____

8. Did your child(ren) witness the abuse? YES NO

If Yes, please explain: _____

9. Have the child(ren) ever been physically, sexually or emotionally abused by you or anyone else? YES NO

If Yes, please provide a description of the most recent incident below:

10. Have you ever been involved with Child Protective Services (CPS)? YES NO

If Yes, please provide a description of the most recent incident below:

11. How many times have the police been called about a Domestic Violence incident between you and the other parent? _____
12. Has the other parent attempted or threatened to abduct the child(ren)? YES NO
If Yes, please describe the most recent incident below:

HEALTH INFORMATION

1. Do you have any medical problems that the Professional Monitor should be aware of? YES NO
If Yes, please describe: _____

2. Does your child(ren) have any medical problems (including allergies) that the Professional Monitor should be aware of? YES NO
If Yes, please describe in detail: _____

3. Is there a history of substance abuse (I.e. alcohol, illicit drugs, etc.)? YES NO
If Yes, check all that apply: Yourself Other Parent/Party Child(ren)
Please describe: _____

4. Is there a history of prescription drug abuse? YES NO
If Yes, check all that apply: Yourself Other Parent/Party Child(ren)
Please describe: _____

5. Is there a treatment history? YES NO
If Yes, please give length of sobriety, type of treatment and any other additional
Comments regarding treatment below:

CUSTODY AND VISITATION ARRANGEMENTS

1. Who presently has legal custody of the child(ren)?
 MOTHER FATHER GUARDIAN OTHER

2. Who presently has physical custody of the child(ren)?
 MOTHER FATHER GUARDIAN OTHER

3. Are there different custody arrangements for each child? YES NO
If Yes, please describe in detail: _____

4. Until now, what arrangements have you had with the other parent for visits?

5. What is the last date of contact for the visiting parent and child(ren)?: _____

