



224 S. Hanover St,
Carlisle PA 17013
Phone: (717) 241-6870
Fax: (717) 241-6794

SUPERVISED VISITATION REQUEST

Client being supervised

Client #1 _____

Client # 2 _____

Relation to child: _____

Relation to child: _____

Address: _____

address: _____

Phone: _____

phone: _____

Cel: _____

Cel: _____

	Mon	Tues	Wed	Thurs	Fri.	Sat	Sun
Availability:							

Custodian of Children

Custodian #1 _____

Custodian. # 2 _____

Relation to child: _____

Relation to child _____

Address: _____

Phone: _____ Cel: _____

AMOUNT OF VISITATION REQUESTED

*****Attach court order –

Number of visits per week: _____ Number of hours per visit: _____

Contact Restrictions

NO CONTACT -- I want no contact with the other parent/adult

CORDIAL EXCHANGE -- I have no problem exchanging the child(ren) with other parent/adult

Children being supervised

Name: _____ age: _____

Name: _____ age: _____

Name: _____ age: _____

Name: _____ age: _____

COMPLETED BY THE CUSTODIAN OF CHILDREN

VISITORS – As custodian of the child(ren) I will allow visitors to accompany the supervised parent

The following person(s) are permitted to accompany: _____

They may accompany Each time Every other visit 1 time a month Only when I notify ABC

NO VISITORS -- I only permit the parent to visit – no other visitors are allowed

Allergies/Dietary Restrictions/ Specific Care needs During Visitation:

Restrictions during Visitation

Requested by :

Reason for Client being supervised

RETURN THIS FORM TO: **ABC**
224 S. Hanover St
Carlisle PA 17013

Attach a copy of the Court Order or Conciliation Order
Download and attach the Visitation Release and Acceptance
Download and attach the Visitation Expectations Form

Payment of \$40.00 per hour must be received prior to the 1st session being scheduled

Once all forms are received, and payment has been made, a visit will be scheduled

Questions?? Call (717) 241-6870