Custodial Parent (CP) Intake Form

Name

First Name

Last Name

DOB *

dd-MMM-yyyy

Address

Street Address

Address Line 2

City

State/Region/Province

Postal / Zip Code

Country

Phone

Checkbox

- [ ] Is it safe to leave a voicemail or send text alerts?

Email

Emergency Contact

First Name

Last Name

Custodial Parent (CP) Intake Form

Name of Child

First Name

Last Name

DOB

dd-MMM-yyyy

Allergies & Medical Needs

Behavioral & Emotional Needs

Restraining Order File Upload

sample.pdf

Vehicle & Plate Info (make, model, color and license plate of the car the CP will use to drop off the child.

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STANDARDS OF CONDUCT & SERVICE AGREEMENT *

By signing below, I explicitly agree to adhere to the following operational safety protocols:

1. **Staggered Arrival Windows:** The Custodial Parent agrees to arrive exactly 15 minutes prior to the visit and depart exactly 15 minutes after. The Visiting Parent agrees to arrive exactly at the start time and must remain at the site for 15 minutes after the visit ends. This prevents any physical contact between parents [SVN].
2. **Continuous Visual & Audio Proximity:** The Monitor must see and hear all interactions between the parent and child at all times [SVN].
3. **Prohibited Conversation Topics:** The visiting parent shall not discuss the court case, custody evaluations, financial disputes, or make disparaging remarks about the other parent or family members [SVN]. Whispering or speaking in unapproved foreign

☐ I accept the Terms and Conditions.