| south sound parenting, LLC |
| --- |
| Zoom VISITATION Intake Checklist |
| Name: |
| Date of birth: | Phone |
| Current address: |
| City: | State: | ZIP Code: |
| Email Address : |
| Children information |
| Full Name/Nickname: | Birth Date/Age: |
| Full Name/Nickname: | Birth Date/Age: |
| Full Name/Nickname: | Birth Date/Age: |
| Full Name/Nickname: | Birth Date/Age: |
| emergency contact information |
| Name:  | Phone:  |
| Relationship: |
|  |
| **Are the following documents attached: YES\_\_\_\_NO\_\_\_\_** |
| Copies of current relevant required Court Orders, including orders of protection and or signed agreements by both parties : |
| additional information |
| Time and visits per week: |
| **Relevant Information and Notes:** |
|

|  |
| --- |
| Attorney information  |

 |
| Name of Attorney: |
| Telephone Number: |
| Email:  |
| GAL: |
| Other (please specify) |
| SIGNATURE |
| **I acknowledge receipt of the above form required for Supervised Visits at South Sound Parenting, LLC by signing below:** |
| Signature: |
| Date: |