| 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: | | |