



SUPERVISED VISITATION INFORMATION FORM

This form is to be completed by all parents and/or parties involved in services with Pineywoods Family Supervision, including custodial parents or caregivers and any individual who is approved by the Court to participate in supervised visits. Please complete this form and submit a copy of your driver's license or state-issued identification card. If you are the individual being supervised, please also provide a photo of each child who will be involved in the supervised visitation.

PERSONAL INFORMATION:

Your Name: _____
First Middle Last (Maiden or other names known by)

Physical address: _____
Street City State Zip Code

Mailing address: _____
Street City State Zip Code

Cellphone Number: _____ Home Number: _____

Email address: _____

Age: _____ Date of Birth: _____ Driver's License Number: _____

Your relationship to the child/children being supervised:

____ Biological parent ____ Grandparent ____ Stepparent ____ Other (please specify below)

ATTORNEY INFORMATION:

_____ I am Pro Se (I have no attorney)

Attorney's Name: _____

Attorney's Telephone Number: _____

CHILD INFORMATION:

Please provide information on all children who will be involved in the supervised visitation. If more than four children are involved, please use additional pages to provide the following information:

How many children will be participating in the supervised visitation: _____

1. Child's Full Name: _____

Child's Age: _____ Child's Date of Birth: _____

Who does the child primarily reside with: _____

Does the child have any medical conditions, allergies, or take any medications? If so, list below:

Does the child have any mental health problems, developmental delays, speech delays, or behavioral issues? If so, list below:

2. Child's Full Name: _____

Child's Age: _____ Child's Date of Birth: _____

Who does the child primarily reside with: _____

Does the child have any medical conditions, allergies, or take any medications? If so, list below: _____

Does the child have any mental health problems, developmental delays, speech delays, or behavioral issues? If so, list below:

3. Child's Full Name: _____

Child's Age: _____ Child's Date of Birth: _____

Who does the child primarily reside with: _____

Does the child have any medical conditions, allergies, or take any medications? If so, list below: _____

Does the child have any mental health problems, developmental delays, speech delays, or behavioral issues? If so, list below:

4. Child's Full Name: _____

Child's Age: _____ Child's Date of Birth: _____

Who does the child primarily reside with: _____

Does the child have any medical conditions, allergies, or take any medications? If so, list below: _____

Does the child have any mental health problems, developmental delays, speech delays, or behavioral issues? If so, list below:

OTHER ADULTS/CHILDREN INVOLVED:

Please include information of any adult child approved by the Court to participate in the supervised visitation, other than the parent being supervised or the children involved in the case. Adults permitted to be present during the supervised visit must also provide a copy of their driver's license or state-issued identification card. If no one else has been approved by the court to participate, you can leave this section blank.

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Telephone Number: _____ Email Address: _____

Age: _____ Date of Birth: _____ Relationship to the Children: _____

EMERGENCY CONTACT INFORMATION:

List two individuals with whom you permit the children to be released by Pineywoods Family Supervision in an emergency or if you cannot be reached during a supervised visitation:

1. Name: _____ Relationship to the Children: _____

Cellphone Number: (____) _____ Home: Number: (____) _____

2. Name: _____ Relationship to the Children: _____

Cellphone Number: (____) _____ Home: Number: (____) _____

Please provide a brief description as to why you or the other parent has been ordered to have supervised visits. This information will be discussed further in your orientation meeting before the visits are scheduled.

When was the last time you or the other parent had contact with the child/children participating in the supervised visits: _____

Please detail anything else that you believe would be helpful for the supervisors to know about you, your children, or your case.

Authorization to Release Information

Please complete the following section if you authorize Pineywoods Family Supervision to communicate with your attorney regarding your case and to release a copy of your file.

I _____ (Your Name) authorize Pineywoods Family Supervision to release information regarding my case to my attorney _____ (Attorney's Name) or any employee of my attorney. I also authorize Dr. Tammi Axelson, LMSW-IPR, or any other employee of Pineywoods Family Supervision to communicate with my attorney by phone and/or email. I understand that I am authorizing Pineywoods Family Supervision to provide a copy of my file to my attorney, including my paperwork, supervised visitation notes, court orders, any documents I have submitted, and all communication notes and copies of written communications sent via email, mail, fax, or text message and that these documents may contain confidential, personal and HIPAA protected information. My signature below indicates that I agree to release information to my attorney upon written or verbal request, and that Pineywoods Family Supervision will provide a copy of my file to my attorney and any other attorneys involved when a subpoena is issued.

Print Name: _____

Signature: _____

Date: _____

Please return the completed form via email, fax, or mail, or you can drop it off at the office. If the office is closed or if it is after hours, you may place the documents through the mail slot in the rear door at the back of the office building.

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