OLIVE BRANCH
FAMILY LAW SOLUTIONS

INTAKE FEE
$100 per party

Supervised Visitation Intake Form

TEXAS – CUSTODIAL PARENT / CONSERVATOR INTAKE

Please complete this form as fully and honestly as you can. If the children have different visitation arrangements, complete a separate form for each arrangement. Information you provide is confidential and will be used only to set up and provide supervised visitation services. If you do not know an answer, write "unknown."

When you are finished, email this completed form to natalie@olivebranchfamilylaw.com.

Date completed:

SECTION 1

Custodial Parent Information

Full legal name:

Date of birth: Driver's license / ID # (last 4):

Home address:

City / State / ZIP:

Primary phone: Alternate phone:

Email:

Preferred contact method: ☐ Phone call ☐ Text ☐ Email

Okay to leave a voicemail? ☐ Yes ☐ No

Employer / work schedule:

Is your address confidential (e.g., Address Confidentiality Program)? ☐ Yes ☐ No

Emergency contact (name, relationship, phone):

SECTION 2

Other Parent / Visiting Parent Information

Full legal name:

Date of birth:

Address (if known):

Phone: Email:

Employer / work schedule (if known):

Relationship to the child(ren):
☐ Biological parent ☐ Adoptive parent ☐ Stepparent ☐ Grandparent
☐ Other:

Does the other parent have a vehicle? If known, make / model / plate:

SECTION 3

Child(ren) Information

CHILD'S FULL NAME	DATE OF BIRTH	AGE	GENDER	LIVES WITH

School / daycare attended:

Do any of the children have medical conditions, allergies, medications, disabilities, or special needs staff should know about?
☐ Yes ☐ No

If yes, please explain:

Do any of the children have a history of trauma, counseling, or therapy? ☐ Yes ☐ No

If yes, provider name and phone:

Comfort items, routines, or things that help your child feel safe during visits:

How does your child feel about visiting the other parent?

SECTION 4

Custody and Court Order Information

Is there a court order for custody or visitation? ☐ Yes ☐ No ☐ Case pending

Court name and county:

Cause number:

Judge / court (if known):

Date of most recent order:

Type of case (check all that apply):
☐ Divorce ☐ Suit Affecting the Parent-Child Relationship (SAPCR) ☐ Modification ☐ Paternity / Establishment
☐ Enforcement ☐ CPS / DFPS case ☐ Other:

Who is the court-ordered conservator(s)?
☐ Joint Managing Conservators ☐ Sole Managing Conservator (me) ☐ Sole Managing Conservator (other parent)
☐ Possessory Conservator ☐ Other:

Who has the right to designate the child's primary residence?

Did the court order supervised visitation? ☐ Yes ☐ No ☐ Not sure

Who referred you to our program?
☐ Court ☐ Attorney ☐ CPS / DFPS ☐ Domestic violence agency ☐ Self-referred
☐ Other:

Name and phone of referring person / agency:

Please attach a copy of your current court order(s). ☐ Attached ☐ Will provide by:

Your attorney (name, phone, email):

Other parent's attorney (if known):

Is there a guardian ad litem, attorney ad litem, or CASA volunteer? ☐ Yes ☐ No

Name and phone:

SECTION 5
Reason for Supervised Visitation

Why is supervised visitation needed? (check all that apply):
☐ Family violence / domestic violence ☐ Child abuse or neglect concerns ☐ Substance abuse concerns
☐ Mental health concerns ☐ Parent has been absent or has had little contact with the child(ren)
☐ Reunification after separation or CPS involvement ☐ Concern about abduction or failure to return the child(ren)
☐ Safety concerns related to the other parent's home or environment ☐ Other:

Please briefly describe the concerns that led to this request:

SECTION 6
Safety Information

Is there a protective order, restraining order, or no-contact order in place? ☐ Yes ☐ No ☐ Pending

If yes: Cause number and issuing court:

Who is protected?

Expiration date:

Has there been a history of family violence between you and the other parent? ☐ Yes ☐ No

Has the other parent ever been arrested or convicted of an offense involving violence, child abuse, weapons, or sexual offenses?
☐ Yes ☐ No ☐ Unknown

Please explain:

Does the other parent have access to or own firearms or other weapons? ☐ Yes ☐ No ☐ Unknown

Does the other parent have a history of substance or alcohol abuse? ☐ Yes ☐ No ☐ Unknown

Please explain:

Does the other parent have any known mental health conditions that could affect safety during visits?
☐ Yes ☐ No ☐ Unknown

Please explain:

Has the other parent ever threatened to take, hide, or leave the area with the child(ren)? ☐ Yes ☐ No

Has the other parent ever threatened you, the child(ren), or others? ☐ Yes ☐ No

Please explain:

Has CPS / DFPS ever been involved with your family? ☐ Yes ☐ No

Case number and caseworker name / phone:

Are there any other people (family members, partners, friends) who should NOT be allowed at visits?
Name(s) and reason:

Are there any safety precautions we should take at arrival, departure, or in the parking lot (e.g., staggered arrival times)?

Is it safe for our staff to contact you by phone, text, or email? Is there any time or method we should avoid?

SECTION 7

Visitation Schedule and Preferences

Type of service requested: ☐ Supervised visitation

Frequency ordered or requested:

Length of each visit:

Days and times you are available:

DAY	AVAILABLE TIMES
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Days or times that do NOT work for you or the children:

Who will bring the child(ren) to visits?

Who will pick up the child(ren) after visits?

Will anyone else attend visits (siblings, relatives, etc.)? ☐ Yes ☐ No

Name(s) and relationship:

Does the court order include any specific rules for visits (e.g., no outside contact, no overnight, no alcohol)?

Are holiday, birthday, or school-break visits addressed in the order? ☐ Yes ☐ No ☐ Not sure

Transportation: Do you have reliable transportation to visits? ☐ Yes ☐ No

Preferred visit location: ☐ Olive Branch office in Cranfills Gap ☐ A public place chosen by the parents

If a public place, where:

SECTION 8

Authorized Persons

People authorized to drop off or pick up the child(ren) on your behalf:

NAME	RELATIONSHIP	PHONE	ID VERIFIED (STAFF USE)

People NOT authorized to pick up the child(ren):

SECTION 9

Fees and Payment

Intake fee: $100 per party

Payment is due through the Olive Branch payment portal before a visit is scheduled. Cancellations within 36 hours will be rescheduled, but the visit must still be paid in advance. No payment plans or sliding scale.

Who will be responsible for paying fees?

☐ Custodial parent ☐ Other parent ☐ Split ☐ Court-ordered / agency-paid

Does the court order address payment of supervised visitation fees? ☐ Yes ☐ No

Please explain:

SECTION 10

Additional Information

Is there anything else our staff should know to keep the child(ren), parents, and staff safe and make visits successful?

How did you hear about our program?

SECTION 11

Parental Agreement and Acknowledgment

By signing below, I acknowledge and agree that:

- The information I have provided is true and complete to the best of my knowledge, and I will update Olive Branch promptly if anything changes (address, phone, court orders, safety concerns).
- I will provide copies of all current court orders, including any modifications, protective orders, or other orders affecting custody or visitation.
- Supervised visitation staff are neutral observers. They do not provide legal advice, counseling, or therapy, and they do not make custody decisions.
- Visits may be ended early if rules are broken or if the safety or well-being of the child(ren), parents, or staff is at risk.
- Staff may be required to report suspected abuse or neglect, and visit observations and documentation may be provided to the court, attorneys, or other authorized parties as allowed by law or court order.
- I will arrive and depart at the times assigned to me, follow Olive Branch's rules and policies, and treat staff, the other parent, and the child(ren) with respect.
- I will not discuss the court case, allegations, or adult matters in front of or with the child(ren), and I will not ask the child(ren) to carry messages.
- I understand that I am responsible for fees, cancellation and no-show policies, and any other terms provided to me by Olive Branch.
- I will not bring weapons, alcohol, or illegal substances to visits, and I will not come to a visit under the influence.
- Services are provided according to Olive Branch's guidelines and the Texas Family Code, and Olive Branch may decline or discontinue services if it cannot safely provide them.

Custodial parent signature:

Printed name:

Date:

For Office Use Only

Date received: _____ Received by: _____

Court order received and reviewed: ☐ Yes ☐ No

Risk level / screening notes:

_____

Orientation scheduled for custodial parent: _____

Orientation scheduled for visiting parent: _____

Case number assigned: _____

Approved by: _____ Date: _____