OLIVE BRANCH
FAMILY LAW SOLUTIONS

INTAKE FEE
$100 per party

Supervised Visitation Intake Form

TEXAS – VISITING PARENT (SUPERVISED PARENT) 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

Visiting Parent Information

Full legal name:

Other names used (maiden, aliases):

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:

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

Vehicle make / model / color / license plate:

Emergency contact (name, relationship, phone):

SECTION 2

Custodial Parent / Other Parent Information

Full legal name:

Phone (if known and permitted):

Is the other parent's address confidential or protected? ☐ Yes ☐ No ☐ Unknown

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

Your relationship to the child(ren):

☐ Biological parent ☐ Adoptive parent ☐ Stepparent ☐ Grandparent

☐ Other:

SECTION 3

Child(ren) Information

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

When did you last see the child(ren)?

How often have you had contact with the child(ren) in the past year?

Please describe your relationship with the child(ren):

Things the child(ren) enjoy (games, activities, foods, interests) that could help make visits positive:

Do you know of any medical conditions, allergies, or special needs of the child(ren)? ☐ Yes ☐ No

If yes, please explain:

SECTION 4

Court Order and Case Information

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

Court name and county:

Cause number:

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:

Your conservatorship status:

☐ Joint Managing Conservator ☐ Possessory Conservator ☐ Sole Managing Conservator ☐ Not yet determined

☐ Other:

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

Who referred you to our program?
☐ Court ☐ Attorney ☐ CPS / DFPS ☐ 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):

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

Name and phone:

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

SECTION 5

Understanding of Supervised Visitation

In your own words, why has supervised visitation been ordered or requested?

What are your goals for your visits with your child(ren)?

Is there anything you would like our staff to understand about your situation?

SECTION 6

Safety and Background Information

This information helps Olive Branch keep everyone safe. Answering "yes" does not automatically disqualify you from services. Please be honest.

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

If yes: Cause number, issuing court, and who is protected:

Have you ever been arrested or convicted of an offense involving violence, family violence, child abuse, weapons, or a sexual offense?
☐ Yes ☐ No

If yes, please explain:

Are you currently on probation or parole, or do you have any pending criminal charges? ☐ Yes ☐ No

If yes, please explain and list officer name / phone:

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

Case number and caseworker name / phone:

Do you own, possess, or have access to firearms or other weapons? ☐ Yes ☐ No

Do you currently use alcohol, prescription medication, or any other substances in a way that could affect your ability to safely care for the child(ren)?
☐ Yes ☐ No

Please explain:

Have you ever received treatment for substance use? ☐ Yes ☐ No

If yes, program name and completion date:

Are you currently under the care of a doctor or counselor for a mental health condition? ☐ Yes ☐ No

If yes, please list any information relevant to visit safety (you do not need to share diagnoses unless required by the court):

Have you completed or been ordered to complete any classes or programs (e.g., parenting, anger management, batterer's intervention, substance abuse)?
☐ Yes ☐ No

Please list:

Is there anyone who should NOT be present at your visits?
Name(s) and reason:

Are there any concerns about your own safety at visits, arrival, or departure that we should know about?

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:

Do you have work, school, or other schedule restrictions?

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

If a public place, where:

Will anyone else attend visits with you (relatives, partner, friends)? ☐ Yes ☐ No

Name(s) and relationship (they may need approval from the court or Olive Branch):

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

SECTION 8

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?
☐ Visiting parent ☐ Custodial parent ☐ Split ☐ Court-ordered / agency-paid

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

Please explain:

SECTION 9

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 10

Visiting Parent 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 or protective 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.
- A staff member will be present and within sight and sound of me and the child(ren) at all times during visits.
- I will arrive and depart at the times assigned to me, will not wait in or near the parking lot for the other parent, and will follow Olive Branch's rules and policies.
- I will not discuss the court case, allegations, or adult matters with or in front of the child(ren), I will not question the child(ren) about the other parent, and I will not ask them to carry messages or keep secrets.
- I will not make promises to the child(ren) about future living arrangements, make negative comments about the other parent, whisper, speak in a language staff cannot understand, or give the child(ren) gifts, food, phones, or other items unless approved by the supervisor.
- I will not take photographs, audio, or video recordings during visits without approval.
- I will not bring weapons, alcohol, or illegal substances to visits, and I will not come to a visit under the influence. Visits will be cancelled if I appear impaired.
- Visits may be ended early, suspended, or terminated 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 notes, observations, and attendance records may be provided to the court, attorneys, or other authorized parties as allowed by law or court order. I understand that notes are not confidential from the court.
- 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 contact, follow, or harass the other parent, the child(ren)'s school, or Olive Branch staff, and I will not attempt to find or learn the other parent's address.
- 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.

Visiting parent signature: _____

Printed name: _____

Date: _____

For Office Use Only

Date received: _____ Received by: _____

Court order received and reviewed: ☐ Yes ☐ No

Photo ID verified: ☐ Yes ☐ No

Risk level / screening notes:

Orientation scheduled: _____

Case number assigned: _____

Approved by: _____ Date: _____