

693 N. Pope St. [www.childrenfirst-inc.org](http://www.childrenfirst-inc.org)

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**PRIVATE PAY FAMILY TIME REFERRAL**

The following family is being referred for visitation services:

Family Name

**CHILDREN’S NAMES: AGE: DOB:**

Do any of the children have any special needs/medical conditions/allergies?

**CHILD’S CURRENT ADDRESS:**

Custodial Parent/Caretaker’s Name:

Address:

Home Phone:       Cell Phone:       Work Phone:

Email:

**ATTORNEYS INVOLVED:**

Custodial Parent Attorney:

Name:       Phone Number:

Email:

Non Custodial Parent Attorney:

Name:       Phone Number:

Email:

Other Attorney:

Name:       Phone Number:

Email:

**VISITING FAMILY MEMBER INFORMATION:**

Name:       Relationship:

Address:

Home Phone:       Cell Phone:       Work Phone:

Is there a current court ordered visitation schedule?

 If YES, when/where are visits scheduled?

 If NO, what schedule are you requesting? (how often, for how long)

What concerns do you have regarding these visits?

**\* Any Court Orders/Protective Orders must be included with referral**