

ACCESS AND VISITATION REFERRAL FORM

DCSS CASE NO.:

Date of Referral:

Referral submitted to: Children First

Referral submitted by:

Phone: _____

Email: _____

History of Domestic Violence: Yes No

If YES, this case is not eligible for Access and Visitation services

Type of Service(s) Requested / non-custodial parent

Visitation Coordination with Other Parent

Mediation with Other Parent

Legitimation Information

Parenting Classes

Customer Information

Non-Custodial Parent:

Name:

Home Phone:

Address:

Work Phone:

Employer:

Date of Birth:

Custodial Parent:

Name:

Home Phone:

Address:

Work Phone:

Employer:

Date of Birth:

Custodial Parent's Relationship to the Child(ren):

Mother of the Child(ren) Father of the Child(ren) Grandparent/Nonparent custodian

Children:

Date of Birth: