



The Meeting Place

219 E. Washington St. Napoleon, Ohio 43545
PH: 419-592-0540 FAX: 419-592-4514

Supervised Visitation and Neutral Exchanges

Referring Agency: (please include address and phone):

Date: _____

Case No. _____

Service Requested:

☐ Parent Time/Visitation

☐ Neutral Exchange

Contact Person: _____

Contact Person Phone no. _____

Is the referred individual an offender? ☐ yes ☐ no If yes, please explain: _____

Please document why this referral is being made: _____

Residential Adult/Foster Parents :

Name: _____

Address: _____

Phone no: _____

Cell No: _____

Best time to call: _____

Nonresidential Adult/Visiting Party:

Name: _____

Address: _____

Phone no: _____

Cell no: _____

Best time to call: _____

Child/Children

Name: _____

Date of Birth: _____

Legal Custodian/Guardian: _____

Name: _____

Date of Birth: _____

Legal Custodian/Guardian: _____

Name: _____

Date of Birth: _____

Legal Custodian/Guardian: _____

Name: _____

Date of Birth: _____

Legal Custodian/Guardian: _____

SUPERVISED PARENTING TIME/VISITATION SERVICES/NEUTRAL EXCHANGES

Special problems to watch for (I.E. behavioral, medical, attitudinal etc.). _____

Family Members or guests **WHO MAY** participate in parenting time or drop off/pick up (name & relationship):

Family members or guests **WHO MAY NOT** participate in parenting time or drop off or pick up (provide name & relationship):

Requested Length of Supervised Parenting Time/Visitation: Circle One: ☐ 60 min. ☐ 90 min. ☐ 120 min.

Requested Frequency: Circle One: ☐ Twice weekly ☐ Weekly ☐ Every Other Week ☐ Once a Month ☐ Other: _____

Anticipated Duration of Visits/exchanges: Choose One: ☐ 1 Month ☐ 2 months ☐ 3 months ☐ 6 visits ☐ 8 visits ☐ 12 visits

Until the next Court date which is: _____ Other: _____

Requested level of supervision for Parenting Time:

- ☐ Level 1 Monitor in the room with the family AT ALL TIMES
- ☐ Level 2 Monitor observing through a one-way mirror and listening through a speaker system
- ☐ Level 3 Monitor outside of the room checking in every _____ minutes

NEUTRAL EXCHANGES: Requested days for exchanges. (requests are considered, but **may not** be available) _____

REPORTS: The reports should be emailed:

Circle One: ☐ Monthly: ☐ Before Next Court Date of _____ Other: _____

Who should receive reports (We do **NOT** provide reports to foster parents, parents or children) Include Name, Agency, email address and phone number

1. _____
2. _____
3. _____

Who is to be responsible for payment of services rendered? If no party is specified, the nonresidential adult will be charged for the services: _____

Any other information you feel that we may need: