



Supervised Visitation Initial Inquiry Form

Return this form to: info@echelonservices.org or fax to 877-203-9588

Date of Inquiry: _____

1. Service(s) Requested:

- ☐ Supervised Visitations (in person)
- ☐ Virtual Visitations
- ☐ Monitored Exchanges

2. Location of Services:

City: _____ State: _____ County: _____

3. Name of Person Inquiring About Services: _____

- ☐ Custodial Parent ☐ Non-Custodial Parent ☐ Other (Please Specify) _____

4. Are you requesting that anyone else be able to attend visitation? If so, who? (This question is for the non-custodial parent only. Please keep in mind that no one else is allowed at the visit unless the court order says so or unless both parents are in agreement on others attending.)

5. Reason Service Needed:

6. Number of Children involved? _____

6. Ages of child(ren): _____

7. Is there a Court Order? ☐ Yes ☐ No



8. If visitation, how many visits a week needed? _____ How many hours each visit? _____

If exchanges only, how often? _____

10. Any Particular days requested:

11. Requested start date: (Please note that services may not start on this date and actual start date depends on agency availability):

12. Custodial Parent/Guardian Name: _____

Relationship to child(ren): _____

Phone Number: _____

Email Address: _____

13. Non-Custodial/Visiting Parent Name: _____

Relationship to child(ren): _____

Phone Number: _____

Email Address: _____

14. Name of Person Responsible for Payment of Fees: _____

15. Will the monitor need to transport the child(ren) to and from session? ☐ Yes ☐ No

15. How did you find out about our agency?
