



# The Toby Center

For Family Transitions

## Service Request Form

Confidential Info  
Do Not Share

Date: \_\_\_\_\_

Referred By \_\_\_\_\_

Name of Client Requesting Service: \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Attorney \_\_\_\_\_ Other \_\_\_\_\_

Service Type: Supervised Visitation \_\_\_\_\_ Therapeutic Visitation \_\_\_\_\_ Child Exchange \_\_\_\_\_ Mediation \_\_\_\_\_

Parent Coordination \_\_\_\_\_ Family Therapy \_\_\_\_\_ Consulting/Coaching \_\_\_\_\_ Other \_\_\_\_\_

Location: Lakeland \_\_\_\_\_ Tampa \_\_\_\_\_ St Pete \_\_\_\_\_ Wesley Chapel \_\_\_\_\_ Orlando \_\_\_\_\_ Sanford \_\_\_\_\_

Lake Wales \_\_\_\_\_ Pompano Beach \_\_\_\_\_ Delray \_\_\_\_\_ North Palm Beach \_\_\_\_\_ Boca Raton \_\_\_\_\_ Other: \_\_\_\_\_

### PARENTS NAMES:

Mother Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity: Afro-America \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Caribbean \_\_\_\_\_ Other \_\_\_\_\_

Address (street): \_\_\_\_\_

{City} \_\_\_\_\_ {State}: FL {Zip} \_\_\_\_\_

Phone(Work) \_\_\_\_\_ (Home): \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (street): \_\_\_\_\_

{City} \_\_\_\_\_ {State}: FL {Zip} \_\_\_\_\_

Phone(Work) \_\_\_\_\_ (Home): \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Ethnicity: Afro-America \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Caribbean \_\_\_\_\_ Other \_\_\_\_\_

**Children Involved:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

**Children currently reside with:** Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other \_\_\_\_\_

**Voluntary Or Court Ordered:** \_\_\_\_\_

**Are there any other Court Orders** {Restraining orders, Orders of Protection, Injunctions, Child Support}

\_\_\_\_\_

\_\_\_\_\_

**Is/Was there Domestic Violence** {please explain}: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why was this service court ordered?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attorney for Mom** \_\_\_\_\_

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Paralegal \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Attorney For Dad** \_\_\_\_\_

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Paralegal \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

GAL: \_\_\_\_\_

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Paralegal \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If Agency referred, please forward referral notification.**

**Additional Comments:** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Date:** \_\_\_\_\_

**Signature of person completing this form**

\_\_\_\_\_  
**Name**

**Please sign and return form to [info@thetobycenter.org](mailto:info@thetobycenter.org)**