



The Toby Center for Family Transitions, Inc.

*Visitation * Mediation * Parent Education * Counseling*

South Florida: __ Boca Raton __ Delray __ West Palm Beach __ Plantation __ Pompano

Central Florida: __ Lakeland __ Casselberry __ Tampa __ Orlando __ Sebring

Connecticut __ Southbury __ Norwich

- 8) Do the child(ren) and visiting party speak on phone? How often? _____ When was the last call? _____
- 9) How many hours do the parties require or How many hours are Court Ordered for the visitation sessions? _____
How frequently? _____
- 10) How many weeks or months is visitation being requested for? _____ Is this a Court Ordered Request? Yes No
- 11) MEDICATION:
- Is any child taking medication? Yes No If yes, prescribing Doctor: _____
- Reason for medication: _____
- If yes, will medicine need to be administered during the visitation period? Yes No
- If yes, who may administer medication? _____

NOTE: The Toby Center will not administer medication. In case of emergency, the Toby Center will first contact emergency services for assistance. Center staff will be held harmless in event of medical emergency. Parents assume liability for any costs incurred by emergency services. _____ Initial

- 12) DOMESTIC VIOLENCE
- Has the child been a victim of domestic violence? Yes No If yes, please describe: _____
- Has the child witnessed domestic violence? _____
- Were you involved in this situation? If so, what would you want us to know? _____
- 13) Does the child have any **food allergies or dietary restrictions**? Yes No
If yes, what foods? _____
- 14) Please tell us what your children enjoy doing for recreation/playtime? _____
- 15) If your children have **favorite toys, games**, please bring them to the visitation center. _____
- 16) What do the children fear? _____
- 17) Please identify **any other concerns** you have for your children and this visitation/child exchange service: _____



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18) Who will be paying for the visitation services? _____

If the parties will share in fee payment, please state the percentage for each party below:

_____% paid by Father/other party _____
_____% paid by Mother/other party _____
_____% paid by Guardian/other party _____

**Always contact your Monitor or Monitor Supervisor with any questions or concerns.

Date _____ Parent/Guardian _____ Signature Use electronic signature /s/ or photo

Date _____ Toby Center Rep _____ Signature Use electronic signature /s/ or photo