

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

Custodial Parent Intake Form (please answer all questions unless for monitored exchange only)

ate	
	Toby Center Representative:
	Parent/Guardian:
	Phone Numbers email
1)	Child(ren) Names DOB
	DOB
	DOB
	DOB
2)	
2)	Children reside with the following (Identify as parent/grandparent/guardian).
	Child Parent/Grandparent/Grandian
	Child Parent/Grandparent/Guardian Child Parent/Grandparent/Guardian
	Child Parent/Grandparent/Guardian
	raienty Grandparenty Guardian
3)	Attorneys:
	Mom: Phone email
	Dad: Phone email
	Guardian: Phone email
4)	How was residency decided: Mediation Agreement MSA
	Other:
5)	What were the circumstances for this agreement/decision?
6)	What is purpose of visitation?
7)	How long since visiting party has seen child? days weeks months years



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8)	Do the child(ren) and visiting party speak on phone? How often? When was the last call?
9) H	How many hours do the parties require or How many hours are Court Ordered for the visitation sessions?ow 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?
	The Toby Center will not administer medication. In case of emergency, the Toby Center will first contact emergency
service	s for assistance. Center staff will be held harmless in event of medical emergency. Parents assume liability for any costs
incurre	d 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) V	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 <u>Use electronic signature /s/ or photo</u>
Data	Talou Cardan Dana Circatora Harada da Arrada circatora (a Carada da
Date	Toby Center Rep Signature <u>Use electronic signature /s/ or photo</u>