



PSYCHOLOGICAL CENTER
for Expert Evaluations, Inc.

Intake Form: Custodial Parent

Intake Date: _____

Assigned Supervisor: _____

Intake Date: _____

Service Needed (circle one): Therapeutic Supervised Visitation Supervised Visitation

Where will the visitation be taking place?: In-office Off Premises

If the visitation is occurring out of the office, where will it be occurring? Please list the address and phone number of establishment if applicable:

Case Number: _____

Judge's Name: _____

Phone: _____ **Fax:** _____

Email: _____

Judicial Assistant's Name: _____

3307 Northlake Blvd., Suite 101 , Palm Beach Gardens, FL 33403
P: 561-429-2140 F: 561-318-5896
drktolbert@gmail.com

Child Information

Child(ren) Name(s) and DOB:	Who has LEGAL custody of these children?
Where is child placed (check one): <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative <input type="checkbox"/> Residential Other:	
Guardian's Name:	
Street Address:	
City:	
State: FL	Zip code:
Child's Date of Birth:	
Home:	Mobile:
Work:	
Child's School:	
Child's Grade:	Child's Ethnicity:

Parent Information

Parent Name:	DCF Case Number:
Street Address:	
City:	
State:	Zip code:
Date of Birth:	
Home:	Mobile:
Work:	
Relationship to Child:	Marital Status:
Employment Status:	Employer:
Year, Make, Model and Color of Parents Vehicle:	
License Plate Number:	Ethnicity:

Visiting Parent Information

Parent Name:	DCF Case Number:
Street Address:	
City:	
State:	Zip code:
Date of Birth:	
Home:	Mobile:
Work:	
Relationship to Child:	Marital Status:
Employment Status:	Employer:
Year, Make, Model and Color of Parents Vehicle:	
License Plate Number:	Ethnicity:

Visitation Details

Time/Frequency of Visit(s): _____

Length of each Visit: _____

Length of Services: _____

Have you ever seen a therapist or counselor? If so, when and for what reason?

What problems, if any, do you expect from the other party with visits or exchanges?

What do you hope the outcome from this experience will be?

Payment Information

Who is responsible for the visit payments (circle one)?: Custodial Non-Custodial 50/50

Other: _____

Method (circle one): Check Cash Credit Card

_____ hour(s) at \$_____ each. **Total:** \$_____

Date payment was processed: ____/____/____

Method (circle one): Check Cash Credit Card

_____ hour(s) at \$_____ each. **Total:** \$_____

Date payment was processed: ____/____/____

Method (circle one): Check Cash Credit Card

_____ hour(s) at \$_____ each. **Total:** \$_____

Date payment was processed: ____/____/____

Method (circle one): Check Cash Credit Card

_____ hour(s) at \$_____ each. **Total:** \$_____

Date payment was processed: ____/____/____

LEGAL INFORMATION

How many times have you been in court regarding visitation disagreements? _____

Restraining orders? _____

How many times have the police had to enforce the order? _____

Physical abuse charges? _____ Sexual abuse charges? _____

Convicted of a felony? _____ Describe: _____

Do you or anyone in your household own any weapons? _____

Have you ever been physically, sexually or emotionally abused? _____

Describe the most recent incident: _____

How many times have the police been called regarding a domestic violence incident? _____

Has your child(ren) witnessed the abuse? _____ How often? _____

Has your child(ren) ever been abused (hit, hurt, threatened)? _____

Explain: _____

Have you ever been involved with children protective services (CPS or DCF)? _____

Explain: _____

Has the other parent ever threatened to take the child(ren)? _____

Explain: _____

Has the other parent been accused of child(ren) abduction? _____

Who else is allowed to visit the Child(ren)?	
Is anyone prohibited from seeing the child(ren) with or without a no-contact order?	
Is there transportation needed for the children?	
If yes, what are the details of transportation for the child(ren) to and from the visitation?	
Is there transportation needed for the parent/guardian?	
If yes, what are the details of transportation for the parent/guardian to and from the visitation?	
How long have they been in their current placement?	
Why were the children removed?	
Are there abuse allegations?	
Are there any sexual abuse allegations?	
Who is the alleged perpetrator of the abuse?	
Are there any topics that should not be discussed during a visit?	
Does either parent have any physical or mental health issues?	
Does either parent have any substance abuse or violence issues that may be of concern?	
Does either parent have any criminal issues that may be of concern?	
Do(es) the child(ren) have any special physical or mental health issues that may be of concern?	
Are there any cultural, ethnic, or religious considerations that may help staff better prepare for visits?	
Are there any security concerns or additional comments that should be noted?	

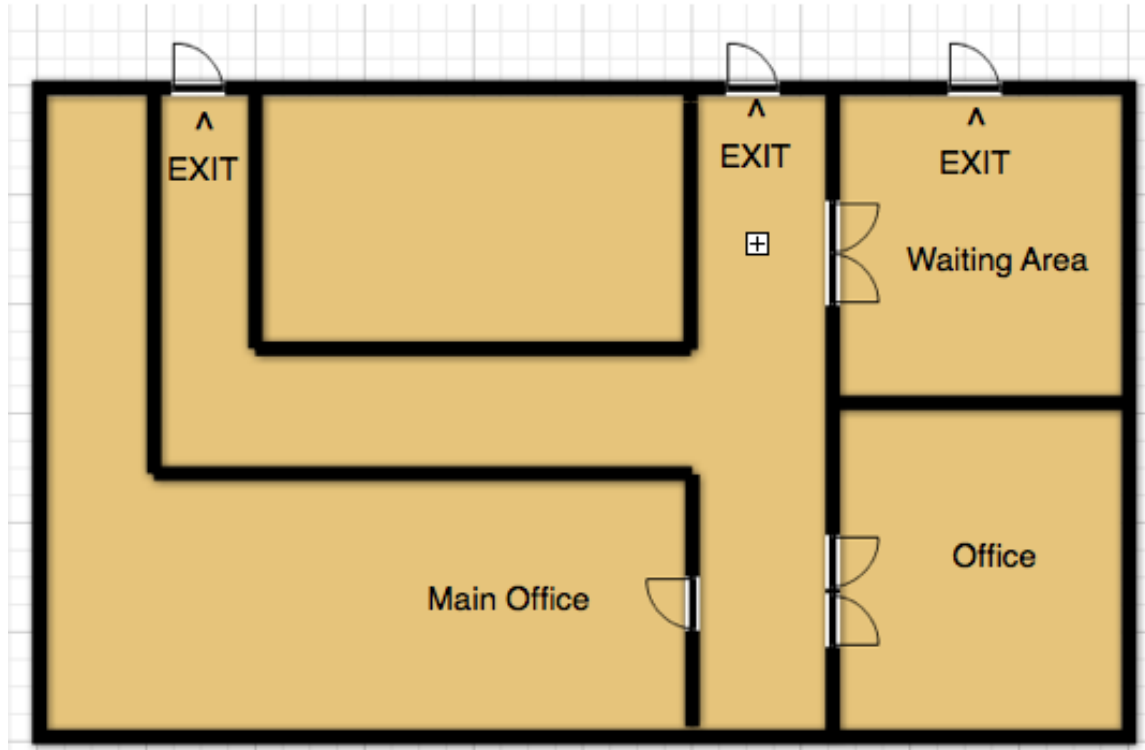
My signature serves as an oath that all the above information is correct and honest. If there is a change of any kind (address, phone number, etc.), it is my responsibility to notify Psychological Center for Expert Evaluations, Inc. of my most recent information. By signing below you are also agreeing to the fact that you have received a copy of the Security Response Plan and understand the directions and floor plan listed.

Custodial Parent Signature

Date

Security Response Plan

Below is the layout for all emergency exits. In the event of an emergency and the staff informs you to evacuate the building, the below marked exits should be used. The visitation supervisor will give you a tour of the exits.



1. Stay calm and look for a staff member to direct you and your child(ren) to safety
 - a. There is always a staff member present in the main office
2. When in doubt, evacuate the area
3. Do not call the police unless otherwise directed by the staff
4. If you feel threatened by the other parent, do not confront them. Instead, report any disrespectful or inappropriate behavior to a staff member. All behaviors will be documented and reported to the court.