



**SUPERVISED VISITATION SERVICES**

**REFERRAL FORM**

<b>Referral Date:</b> _____ Next Court Date: _____	<b>Judge:</b> _____ Docket No: _____																				
Supervised Visitation: With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____																					
<b>Other Agencies Involved:</b> _____ _____																					
<b>MOTHER:</b> <input type="checkbox"/> <b>Custodial Parent</b> _____ Address: _____ _____ Phone: (H) _____ (W) _____	<b>FATHER:</b> <input type="checkbox"/> <b>Custodial Parent</b> _____ Address: _____ _____ Phone: (H) _____ (W) _____																				
<b>ATTORNEY:</b> _____ Address: _____ _____ Phone: _____ Fax: _____	<b>ATTORNEY:</b> _____ Address: _____ _____ Phone: _____ Fax: _____																				
<b>CHILD(REN) &amp; DATE(S) OF BIRTH</b>																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Name</th> <th style="width: 50%; text-align: left;">DOB:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	DOB:	_____	_____	_____	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Name</th> <th style="width: 50%; text-align: left;">DOB:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	DOB:	_____	_____	_____	_____	_____	_____	_____	_____
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<b>LAW GUARDIAN:</b> _____ Address: _____ _____ Phone: _____ Fax: _____	<b>CASE WORKER:</b> _____ Address: _____ _____ Phone: _____ Fax: _____																				

**Fax to: Kristina Stinson -- Jewish Family Services – Supervised Visitation Services**  
 877 Madison Ave | Albany, New York 12208 | Phone: 518-482-8856 | Fax: 518-489-5839

**A COPY OF THE VISITATION/COURT ORDER MUST BE FAXED WITH THIS FORM**

**REFERRAL FOR SUPERVISED VISITATION SERVICES**

1. Reason for referral: \_\_\_\_\_

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2. Information needed by DSS or Court: \_\_\_\_\_

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3. Client's current situation and presenting problem: \_\_\_\_\_

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4. History (drug/alcohol use; education; relevant social history): \_\_\_\_\_

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5. Current M.H. diagnoses if any; current medications: \_\_\_\_\_

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6. List supports (family, community, programs): \_\_\_\_\_

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7. Concerns about client/family: \_\_\_\_\_

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