



5390 Estate Office Drive, Suite 2, Memphis, Tennessee 38119
Ph. 901.737.3337 Fax: 877.811.1267
info@afamilyconnectioninc.com
www.afamilyconnectioninc.com

INTAKE FOR PERSONAL SUPERVISED PARENTING TIME SERVICES

a family connection is dedicated to connecting children with parents in
safe, conflict-free, natural settings.

GENERAL INFORMATION

CONTACT INFORMATION FOR A FAMILY CONNECTION:

A Family Connection, Inc.

5390 Estate Office Drive, Suite 2, Memphis, Tennessee 38119

Ph. 901.737.3337 Fax: 877.811.1267

info@afamilyconnectioninc.com

Shari Myers, President/Director: smyers@afamilyconnectioninc.com

Daniel Myers, Vice President/Assistant Director: dmyers@afamilyconnectioninc.com

Website: www.afamilyconnectioninc.com

HOURS OF OPERATION:

Business Office Hours:

9:00 a.m. until 5:00 p.m. Monday through Friday,

Weekends, by appointment only.

Subject to weather conditions.

A Family Connection follows the Shelby County Unified School District closures for inclement weather or when there are hazardous road conditions or power outages.

Personal Supervised Parenting Time Hours, to include Regular and Holiday Hours:

Monday – Sunday 8:00am – 8:00pm,

Subject to availability and weather conditions.

A Family Connection follows the Shelby County Unified School District closures for inclement weather or when there are hazardous road conditions or power outages. For weekend Supervised Parenting Times, families will be notified about cancellations by Friday, 5:00 pm, if possible. Any related fees paid in advance shall be transferrable.

Thank you for using A Family Connection. We look forward to working with you and your children. The intake process is designed for us to gain an understanding of your case and the particular needs as they relate to Supervised Parenting Time. It is important that you take time to complete these forms to the best of your ability. If you have any questions please feel free to contact us. If you need to use additional pages, please do so and identify on this Intake Form that there are supplemental pages. We would rather you provide us with too much information than too little. Your children's safety is paramount, and we want to have as much accurate information as possible so that we can be as effective as possible in our role.

INTAKE CHECK LIST

THE FOLLOWING DOCUMENTS MUST BE BROUGHT TO YOUR INTAKE APPOINTMENT. YOU MAY NEED TO SPEAK WITH YOUR ATTORNEY TO GET COPIES OF SOME OF THESE DOCUMENTS THAT YOU DO NOT HAVE. IF YOU DO NOT HAVE THESE DOCUMENTS WITH YOU AT THE APPOINTMENT, YOUR APPOINTMENT MAY BE RESCHEDULED. THESE DOCUMENTS WILL NOT BE RETURNED, SO PLEASE BRING COPIES OF ORIGINALS.

1. Court Order for Supervised Parenting Time with A Family Connection.
2. Order(s) pertaining to parenting time, and any restrictions (i.e. Parenting Plan, orders of injunction, permanency plans, orders of protection, restraining orders, etc.), and any former orders for supervised parenting time.
3. Petitions, Responses, and Pre-Trial Memorandums that have been filed in your case and that relating to parenting time, and any restrictions (i.e. Petitions to Modify Parenting Plan, Petition for Protective Order, Emergency Petition for Supervised/Suspension of Parenting Time, AND Responses to the Petitions, etc.)
4. Psychological and/or Psychiatric Report(s) from any Evaluator in your case.
5. Alcohol/Drug/Mental Health Treatment Facility Discharge Report(s).
6. Summary of past and present Supervised Parenting Time at any other facility or with any other Supervisor, from that Supervisor or Agency.
7. All alcohol/drug test results taken since the beginning of your case.
8. A recent photo of each child individually, with their name written on the back.
9. A recent photo of yourself, with your name written on the back.
10. A copy of your driver's license, and the declarations page (first page indicating effective coverage dates and limits of liability) for your car insurance.
11. The following completed **Intake Form** with any supplemental pages that you needed to use to complete your answers, and the **Contract for Services** (found on the website for AFamilyConnectionInc.com).
12. Your work schedule and the schedule of any reoccurring event or time that you will be out of town.
13. The school calendars for the children.
14. Up to date shot records for any pets at the residence where the Supervised Parenting Time will take place.
15. The initial deposit, see Fee Schedule (found on the website for AFamilyConnectionInc.com, click on the Start Here Tab at the top of the website).

INTAKE FORM

PLEASE NOTE THAT YOU MAY USE SUPPLEMENTAL PAGES IF NECESSARY. IF SO, PLEASE INDICATE ON THIS FORM.

Name:	Date of Birth:
Single / Married / Divorced:	Spouse Name:
Your Relationship to the children:	Social Security Number:
Physical Address:	
Code to Enter Neighborhood: Select One: City of Memphis / Unincorporated Shelby County (including Lakeland and Arlington) / Bartlett / Germantown / Collierville / Millington / Other:	
All Phone Numbers: Home: Cell: Work: Other:	Email Addresses:
Driver's License State and Number:	

Your Employment:

Employer's Name	Address and Phone	Position	Hours

ALL VEHICLES THAT ARE USED TO TRANSPORT THE CHILDREN DURING YOUR PARENTING TIME:

Make	Model	Color	Tag Number

CHILD(REN) WHO WILL BE EXERCISING SUPERVISED PARENTING TIME:

(please provide supplemental pages if necessary)

Name	Sex	DOB	Race	Religion	Allergies/Rx	Special Needs/Glasses

LEGAL CASE INFORMATION:

Court Name:

Judge/Chancellor/Magistrate Presiding:

Docket Number:

Name of the Case:

Name of Person to be Supervised/relationship to child:

With whom does the child primarily reside/relationship to child: Name, address, and phone number if someone other than you:

When Trial is Set in the Present Case:

Your Attorney's Name and Contact Information:

Guardian ad Litem's Name and Contact Information:

DCS Lawyer and Workers' Names and Contact Information:

Your Mental Health Providers' Names and Contact Information: And, how often is treatment:

Children's Mental Health Providers' Names and Contact Information: And, how often is treatment:

Mental Health Examiner/Evaluator's Name and Contact Information:

Medications for You:

Name of Rx	Dosage	When Taken	For What Purpose

Medications for the Children:

Name of Child	Name of RX	Dosage	When Taken	For What Purpose

Names and Contact information for any Drug/Alcohol Testing Facilities that are presently (or have been) used in your case:

Is there/Have there been any Orders of Protection, Restraining Orders, Bond Conditions, and/or Other Injunctions that prohibit a party from being around the other party or the children?

If so, please complete the table below and Provide Additional Information regarding each order on a Supplemental paper, and attach it to this Form.

Name of the Order	Date of Entry of the Order	Still Pending / Trial Date	Who is Prohibited	Who is Protected	Is this order still in effect

Why do you believe, or not believe, that Supervised Parenting Time is necessary for your case (what are the allegations in the case that have brought about supervised parenting time):

What do you believe is the purpose and goal for Supervised Parenting Time:

What are/are there safety concerns relating to Parenting Time in your case:

For Yes answers to the following 8 questions, please supplement this form with additional written details.

Are there allegations of sexual abuse:

Are there allegation of kidnapping or the potential for same:

Are there allegations of domestic violence against an adult:

Are there allegations of domestic violence against a child:

Are there allegations of drug or alcohol abuse:

Are there allegations regarding concerns about a new spouse of the party to be supervised:

Are there allegations regarding concerns about step children:

Are there allegations regarding unstable mental health of either of the parties or the child(ren):

Do you own any firearms or other weapons:

If yes, please complete the table below and provide any supplement as necessary.

Name of Firearm/Weapon	Where is it Kept	Is it under lock and key	Where is the ammunition kept

Have you ever been admitted inpatient or outpatient at a Mental Health Facility:

If yes, please complete the table below and provide any supplement as necessary.

Where	When	Why/DX	Discharge Recommendations

Have you ever been convicted of a crime:

If yes, please complete the table below and provide any supplement as necessary.

What crime	When	Result/Sentence	Current Status

Your Residence:

Address:

Code to enter neighborhood:

Who Resides There/Relationship to Child(ren):

Pets (types and names):

Are they up to date with shots:

Has the pet ever bitten or attacked an adult or child:

Firearms/Weapons at Residence:

Safety Concerns Regarding the Residence or Location:

Special Considerations: Supplemental pages may be attached to this form

What schools do the children attend:

What are the grade levels of the children:

Are there any school related problems or behavioral problems:

Do the children have any gang affiliation or been convicted of a crime:

Are there any special physical, emotional, or developmental needs of the children:

Have the children ever been removed from a residence/home:

Are there any ethnic, racial, religious or cultural concerns that may arise during Supervised Parenting Time:

Is there any other person, other than the one indicated herein, that is required to be supervised if around these children:

Is there anyone who is not permitted to be around the children:

Are there any known individuals, outside of those who reside in the residence, who may be around the children during the Supervised Parenting Time: If Yes, what is their relationship with the children:

ANY AND ALL SUPPLEMENTAL PAGES SHALL BE ATTACHED HERETO.

I, the undersigned, hereby attest that I have completed the Intake Form, for A Family Connection, to the best of my ability. I make oath that I have been honest when providing my answers herein. I have also read the Rules for A Family Connection, and I understand the Rules and shall comply with such Rules.

PAYMENT:
CASH / CREDIT CARD:
DATE:
RECEIVED: