



Families First Center

# Families First Center

605 Portage Ave.  
South Bend, IN 46616  
O: 574-287-4375  
F: 574-288-0691

## Families First Center Referral Form for Court Ordered Supervised Visitation

Cause #: \_\_\_\_\_

Petitioner: \_\_\_\_\_

Contact#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Respondent: \_\_\_\_\_

Contact#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney: \_\_\_\_\_

Visiting Children: \_\_\_\_\_

Authorized Visiting Parties: \_\_\_\_\_

\_\_\_\_\_

Relationship to Children: \_\_\_\_\_

\_\_\_\_\_

Frequency of visits:

Weekly

Every Other Week

Other/Specify \_\_\_\_\_

Length of visit:

One Hour

Two Hours

Other/Specify \_\_\_\_\_

Level of Supervision:

Full (\$65 per hour, Staff observes and hears all interaction)

Intermittent (\$50 per hour, Staff enter room about every 10 minutes)

Beginning and Ending (\$40 per hour, Staff observes greeting and goodbye only)

Responsible for Payment:

Custodial Parent

Non-Custodial Parent

Fees Split/Specify \_\_\_\_\_

Please state your reason for requesting Full level of supervision or any special instructions:

\_\_\_\_\_

\_\_\_\_\_

Is there a restraining order and if so, please attach a copy.  Yes  No

Has this family completed an evaluation with DRCB?  Yes  No

Presiding Judge: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE COURT ORDER TO THIS REFERRAL AND EMAIL TO  
KSTRAUB@FAMILIESFIRSTCENTER.ORG**