

Families First Center Referral Form for Court Ordered Supervision

Cause # _____

Petitioner: _____

Respondent: _____

Contact#: _____

Contact #: _____

Address: _____

Address: _____

Attorney: _____

Attorney: _____

Visiting Children: _____

Authorized Visiting Parties: _____

Relationship to children: _____

Frequency of visits:

Length of visit:

Weekly

One Hour

Every Other Week

Two Hours

Other

Other

Level of Supervision:

Full (\$60 per hour, Staff observes and hears all interaction)

Intermittent (\$45 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

Fee split between the two

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

If there are any Restraining Orders please attach a copy. Yes No

Has this family completed an evaluation with DRCB? Yes No

Presiding Judge: _____

**NOTE: PLEASE ATTACH A COPY OF THE COURT ORDER TO THIS REFERRAL AND
EMAIL OR MAIL TO:**

**FAMILIES FIRST CENTER
605 PORTAGE AVENUE
SOUTH BEND, INDIANA 46601
PHONE: 574-287-4375 FAX: 574-288-0691
kagee@familiesfirstcenter.org**