



# Starting Over

supervised family visitation

# Visitation Referral Form

Please complete and email to [admin@startingoverfamilies.org](mailto:admin@startingoverfamilies.org) or fax to 770-949-1799.  
For judicial referrals, please include a copy of the Order.

## Contact Information

	Date
Referring Judge/DFCS Supervisor	County
Email	Phone
Attorney of Custodial Parent <i>(if applicable)</i>	
Email	Phone
Attorney of Non-Custodial Parent <i>(if applicable)</i>	
Email	Phone
Custodial Parent/Guardian	Relationship
Non-Custodial Parent/Guardian	Relationship

## Children Information

Name	Nickname	Birthdate	Gender

## Visitation Information

Reason for Supervised Visits

Who, other than non-custodial parent, is allowed at the visits

Special Instructions/Restrictions during visits

## **Visitation Schedule**

Date Visits Begin

Projected End Date (if applicable)

VISIT SESSIONS (please check)

Thursday, 5:30 – 7:00

Saturday, 9:00 – 10:30

Saturday, 10:30 – 12:00

Other (please specify)

VISIT FREQUENCY (please check)

Weekly

Bi-weekly (every other week)

Monthly

\*\*\* For further information, please contact us at [admin@startingoverfamilies.org](mailto:admin@startingoverfamilies.org) or 470-819-1057 \*\*\*

## **Additional Information**

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### **Starting Over Use Only**

DFCS

Court Involvement

Family Arranged