



Date

***Non Custodial Parent Information***

Name

Relationship to Children

Address

Phone

Email

Emergency Contact *name*

*phone*

***Names of Children to Be Visited***

- 1.
- 2.
- 3.
- 4.
- 5.

*Please add any additional information you think that we need to know*

***Visitation Schedule***

Date that Visits Begin

VISIT SESSIONS (please check)

Thursday, 5:30 – 7:00

Saturday, 9:00 – 10:30

Saturday, 10:30 – 12:00

Saturday, 9:00 – 12:00

Other (please specify)

VISIT FREQUENCY (please check)

Weekly

Bi-weekly (every other week)

Other (please specify)

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***Starting Over Use Only***

DFCS  Court Involvement  Family Arranged  Projected End Date (if applicable)