

	Client Intak	æ	Date					
Full Legal Name:	irst M	Last						
Age:	Photo ID	type						
Address:								
Home Phone:	Home Phone:Cell:							
Social media "user" name	:							
Case Manager:								
Children's Name	DOB (MM/DD/YYYY)	Allergies	Other					
Why are you involved with	n Pasco Counseling and Visitati	ion?						
Are you now or have you If yes please explain: (dat	ever been involved with a DVI? e, person(s) involved etc.	Yes or No						
Have you ever been arres	sted? Yes or No If yes Why/Wh	en?						
Are you on probation? Ye If yes who is your Probation	es or No on Officer?							
Do you have any medical	issues we need to know about	? Yes or No						



If yes please list:						
Fill in or complete form below	where it applies to yo	u:				
I am currently in Counseling	Dates I go:		Circle Type: personal / group / couples			
I have / am attending Anger Management	Dates:		Location/County:			
Psychological	Date:		Location:			
I have/ are attending Parenting Classes	Date:		Location:			
I have / or am attending AA/ NA/CR meetings	Dates:		Locations			
Please list any other services	you are involved with	are have c	completed below:			
Please list an emergency pers	son and their contact p	hone num	ber (in case we are not able to contact you			
Name:#_						
Are there any needs or service	es for your family that	are not be	ing provided?			
Has a Guardian Ad Litem bee	n appointed to your ca	se? Yes o	r No			
Do you have an assigned atto	rney? Yes or No					
Lawyer/Attorney:		Phone:				



Rules and Regulations

1.		I agree to follow all and any rules of Pasco Counseling Visitation Center?				
2.		I must confirm my visit by noon the day before unless it is a weekend or holiday then I				
	confirm by noon the business day before my visit.					
3.		There will be no bashing or name-calling of Staff, Case Managers or other parent involved,				
	this	will not be tolerated.				
4.		No one is allowed in visits unless they are listed on the court order.				
5.		Visits are over at scheduled time.				
6.		Use of Alcohol or non-prescription drugs are prohibited while visits are happening, If you				
	арре	ear impaired Pasco Counseling and Visitation has the right to urine screen you or cancel visit				
	for th	ne safety of the children.				
7.		No smoking on the property.				
8.		No gifts allowed during visits unless approved by the Director before the visit.				
9.		No profanity during visits.				
10.		No animals of any kind are allowed during visits.				
11.		No photos allowed unless approved by the Director.				
12.		No video taping during visits.				
13.		Cell phone are to be put in basket outside of visiting room during visits.				
14.		No whispering or passing notes during visits.				
15.		There will be no discussion about your Case plan or future plans during visits.				
16.		Visits may be terminated if (2) or more unexcused visits occur.				
17.		PC&V has the right to cancel a visit early if, Child becomes sick, child is uncomfortable or				
	extre	emely unset, Client has failed to comply with the visitation rules and or court order.				
18.		You are to dress appropriately during visits.				
19.		Monitor will take child(ren) to the bathroom if needed.				
20.		If you are visiting a baby in diapers you are responsible to bring a diaper bag to each visits				
	with	diapers and wipes.				
21.		No yelling or Corporal punishment allowed. (If you need help interacting with your child				
	plea	se ask Monitor for help.)				
22.		Visiting Parent must remain on property until Monitor has released you.				



You acknowledge that you are use court or staffing if the need arise	nder video Surveillance and these videos cansinitials	and will be used in					
I hereby acknowledge that I have read and understand the above rules and will follow them. If I do not follow the above rules I can and will be terminated from the visitation center.							
Name printed	Signature	Date					
Witness printed	Signature	Date					