



Supervised Visitation Initial Inquiry Form

Return this form to: triumphfamilyservicesllc@gmail.com or fax to 877-814-1878

Date of Inquiry: _____

1. Location of Needed Services:

City: _____ State: _____ County or Parish: _____

2. Name of Person Inquiring About Services: _____

☐ Custodial Parent ☐ Non-Custodial Parent ☐ Other (Please Specify) _____

3. Are you requesting that anyone else be able to attend visitation? If so, who? (This question is for the non-custodial parent only. Please keep in mind that no one else is allowed at the visit unless the court order says so or unless both parents are in agreement on others attending.)

4. Reason Visitation Needed:

5. Suggested places for visits to occur: (Please note that if there is no set place listed in the court order, final locations must be agreed upon by both parties before visits start)

5. Number of Children involved? _____

6. Ages of child(ren): _____

7. Is there a Court Order? ☐ Yes ☐ No

8. History of Domestic Violence ☐ Yes ☐ No

9. Restraining Order in Place ☐ Yes ☐ No



10. How many visits a week needed? _____ 11. How many hours each visit? _____

12. Days and Times of interest: _____

13. Requested start date: (Please note that services may not start on this date and actual start date depends on agency availability):

14. Custodial Parent/Guardian Name: _____

Relationship to child(ren): _____

Phone Number: _____

Email Address: _____

15. Non-Custodial/Visiting Parent Name: _____

Relationship to child(ren): _____

Phone Number: _____

Email Address: _____

16. Other Participating Adult Name (Only if approved): _____

Phone Number: _____

Email Address: _____

17. Name of Person Responsible for Payment of Fees: _____

18. Will the monitor need to transport the child(ren) to and from visitation? ☐ Yes ☐ No

19. How did you hear about us? _____

****The agency will reach out to both parties if there are any other questions before final intake paperwork is sent to both be completed****