

Fairfield County Visitation Center  
227 E. Main Street  
Lancaster, Ohio 43130  
Phone: 740-652-9004 Fax: 740-652-7871  
Email: mcrist@co.fairfield.oh.us

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**REFERRAL FORM/VISITATION PLAN**

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**Please complete the following information:**

If court referral: Court Location: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Referral Source:** \_\_\_\_\_ **Reason for Referral:** \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Service Requested:**

\_\_\_\_\_ Parenting Time (Supervised Visits)

\_\_\_\_\_ Monitored Exchanges

*\*There is a possibility of a 2 hour visit slot, if deemed necessary by parties due to traveling distance, scheduling issues, etc. All 2 hour slots will need to be approved by the Visitation Center's Director.*

**Parent(s)/Adult(s):**

**Residential Parent**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City – State – Zip Code

\_\_\_\_\_  
Race / Ethnicity

\_\_\_\_\_  
Home Telephone # Cell# Attorney #

**Non-Residential Parent:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City – State – Zip Code

\_\_\_\_\_  
Race / Ethnicity

\_\_\_\_\_  
Home Telephone # Cell# Attorney #

**Child/Children:**  
**(List each child separately)**

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Age/DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
City- State-Zip Code

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Age/DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
City-State-Zip Code

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Age/DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
City-State-Zip Code

**Case History/Expectations of Visiting Party:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

