## Fairfield County Visitation Center 227 E. Main Street Lancaster, Ohio 43130

Phone: 740-652-9004 Fax: 740-652-7871 Email: mandi.crist@fairfieldcountyohio.gov

## REFERRAL FORM/VISITATION PLAN

## 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 (Sup	pervised Visits)	
Monitored Exchang	es	

<sup>\*</sup>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			Child/Children: (List each child separately)
Name		 Relationship	
Address			Age/DOB
City – State – Zip Code			Address
Race / Ethnicity			City- State-Zip Code
Home Telephone #	Cell#	Attorney#	
Tionic relephone π	Септ	Auoniey #	Child's name
			Age/DOB
			Address
Non-Residential Pa	aront.		City-State-Zip Code
Non-Residential 1 a	arent.		
Name		Relationship	Child's name
Address			Age/DOB
City – State – Zip Code			Address
Race / Ethnicity			City-State-Zip Code
Home Telephone #	Cell#	Attorney #	
Case History/Expe	etations of Visiti	ng Darty	
Case History/Expe	ctations of visit	ng I ar ty.	

AMILY VIOLENCE SCREENING:			
History of Domestic Violence?	Yes	No	
Prior arrest including weapons?	Yes	No	
Protective Order/Restraining Order?	Yes	No	
Prior arrest involving Domestic Violence?			
Thor arrest involving Domestic violence.	165	110	
ARITAL STATUS:			
[ARITAL STATUS: Never married Married	Senarated	Divorced	