

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 (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:

Special Problems/Concerns to watch for (include behavioral, medical, attitudinal, etc., of any family members) re: Domestic violence history, Special physical requirements, & Safety issues

FAMILY 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? _____ Yes _____ No

MARITAL STATUS:

_____ Never married _____ Married _____ Separated _____ Divorced

CHILD PROTECTIVE SERVICES INVOLVEMENT: _____ Yes _____ No