



*Pivotal Point*

Advocacy & Court Services

(845) 522-4907 | pivotalpoint@yahoo.com  
Pivotalpointadvocacy.com

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# **Supervised Visitation Information**

## **&**

## **Intake Packet**

*for Supervised Visitation Services*

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### **Section 1: Family Information**

#### **Custodial Parent Information**

- Full Name:
- Address:
- Phone Number:
- Email Address:

#### **Non-Custodial Parent Information**

- Full Name:
- Address:
- Phone Number:
- Email Address:

#### **Child Information**

Child 1

- Full Name:
- Date of Birth:
- Interests:
- Medical Concerns or Allergies:



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## Child 2

- Full Name:
- Date of Birth:
- Interests:
- Medical Concerns or Allergies:

## Child 3

- Full Name:
- Date of Birth:
- Interests:
- Medical Concerns or Allergies:

## **Attorney for Custodial Parent**

- Name:
- Firm:
- Phone Number:
- Email Address:

## **Attorney for Non-Custodial Parent**

- Name:
- Firm:
- Phone Number:
- Email Address:

## **Attorney for Child(ren)**

- Name:



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- Firm:
  - Phone Number:
  - Email Address:
  - **Judge/Court:**

## Section 2: Safety & Security Guidelines

*Please initial next to each statement to confirm you have read, understand, and agree to the following safety guidelines:*

- Non-custodial parent must arrive 15 minutes before and remain 15 minutes after the scheduled visitation time.
- Custodial parent must arrive at the designated time and wait outside for child pickup.
- Custodial parent may not remain on premises during the visit.
- No tolerance for aggressive behavior, inappropriate or defaming conversation.
- Supervisor may terminate visit at any time based on behavior or safety concerns.
- Food may be brought only with custodial parent's agreement and supervisor inspection.
- Gifts must be approved by supervisor; custodial parent objections must be documented.
- Notes will be taken during visits and may be submitted to court upon request.
- Other children/family members may attend only with full party agreement.



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- Billing is based on time child is present; early arrival/late departure not charged.
  - Off-site visits are at supervisor's discretion and require custodial parent agreement.
  - Off-site visits may incur travel fees beyond 30 minutes (\$60/hr).
  - All visitation must remain within the boundaries of New York State.
  - Transportation by the non-custodial parent of the children is prohibited unless otherwise approved by court order.
  - No weapons or harmful objects may be brought to visitation.
  - Supervisors are mandated reporters and will report any safety concerns to authorities.

## **Section 3: Payment Agreement and Authorization for Services**

*By signing below, I authorize Pivotal Point Advocacy to provide supervised visitation services and agree to the following payment terms:*

- Visitation Fee: \$60.00 per hour
- Duration: Minimum one hour; may extend based on family needs
- Travel:
  - Travel within 30 minutes is included
  - Travel beyond 30 minutes incurs a \$30.00 flat fee per visit
- Payment Due: At time of service
- Accepted Methods: Credit Card, Venmo, Cash App, Cash, Check
- Reporting: Daily reports are compiled into a summary and submitted to the court/legal counsel at the next court date



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*I agree to comply with all visitation guidelines and policies outlined in this packet.*

Signature (Electronic or Handwritten):

Date:

## Section 4: Registration & Submission Options

You may complete and submit this packet in one of the following ways:

### ◆ Online Submission

- Fill out all fields electronically
- Sign using a secure e-signature
- Submit via our secure portal

### ◆ Email Submission

- Download and print the packet
- Complete all fields and sign
- Scan and email to:  
[pivotalpoint@yahoo.com](mailto:pivotalpoint@yahoo.com)

## Section 5: Additional Information

Please use the space below to share any significant information you believe is important to the visitation process (e.g., behavioral concerns, family dynamics, scheduling limitations, or safety considerations):

**Relevant Information:**



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## Preferred Days and Times for Visitation:


Monday	AM
Tuesday	PM
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	


### Additional Comments

*\*Preferred days and times are not guaranteed and are based on program and participants availability and schedules.*

### Need Help?

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