



SUPERVISED ACCESS PROGRAM

SUPERVISED VISIT / EXCHANGE APPLICATION FORM

For further information or help completing this form, contact the Program Coordinator at sap@familyservicesottawa.org or at (613) 725-3601 x 175.

DATE

SERVICE REQUESTED

Supervised visits

Exchange

APPLICANT INFORMATION

Last name

First name

- Mother
- Custody
- Single

- Father
- Joint custody
- Married

- Other (please specify)
- Separated
- Divorced

Street address

City

Province

Postal code

Home phone

Cell

Work phone

Email

Other parent / guardian

Last Name

First name

- Mother
- Custody

- Father
- Joint custody

- Other (please specify)

Emergency contact information

Last name First name Relationship

Phone number Cell number

Applicant's lawyer information

Last name First name

Street address Province Postal code

Phone number Fax

Email

CHILDREN'S INFORMATION

1. Last name First name

Date of birth – d/m/y Male Female

Health card number

Special needs/accommodations, allergies, etc

2. Last name First name

Date of birth – d/m/y Male Female

Health card number

Special needs/accommodations, allergies, etc

3. Last name First name
Date of birth – d/m/y Male Female
Health card number
Special needs/accommodations, allergies, etc

4. Last name First name
Date of birth – d/m/y Male Female
Health card number
Special needs/accommodations, allergies, etc

Office of the Children's Lawyer

Name of representative Phone number

CHILDREN'S AID INVOLVEMENT

Is the Children's Aid Society presently involved with your family? Yes No

Investigation / Protection concerns Voluntarily

Name of protection worker Phone number

LEGAL INFORMATION

Referral source

Court ordered Court Lawyer O.C.L.
 Self-referral Other

Reason for referral

- Concern regarding parenting ability
- History of alcohol or drug abuse
- Partner abuse
- Concern regarding physical, sexual or emotional abuse of child(ren)
- Custodial party or non-custodial party or other interfering with access
- Non-custodial party or other has been absent from child(ren) for a long time
- Unresolved conflict between custodial party and non-custodial party
- Other
- Concern regarding abduction
- History of psychiatric illness
- Unknown

Additional information

- Do you agree with this application: Yes No
- Is there a court order for supervised access Yes No
- Are there on-going court proceedings Yes No
- Is there a restraining order in place Yes No
- Is there a criminal conviction Yes No
- Criminal conviction reason

PREVIOUS VISITS ARRANGEMENTS

- Supervised access Unsupervised access No previous access

Last access weeks months years

Important information when submitting an application

- 1) Each parent/guardian must complete and submit separate application form.
- 2) You will receive a confirmation that we have received your application. When both applications are received, a confirmation will also be sent, letting you know that you are now on the waiting list for service.
 - If the other parent/guardian's application is not received within 3 months of your application, the case will be closed and you will have to re-submit one.
 - You will need to provide a copy of your court order, minutes of settlement, endorsement or mediation agreement with your application, if possible.
- 3) You may be asked to provide:
 - Children's Aid Society documents.
 - Past or present restraining orders, probation or bail conditions.

- Proof of income in order to determine the fees that you will have to pay for supervised visits or exchange services.

Please fill out the application and submit it to the Program Coordinator,

by mail:

Family Services Ottawa
c/o Supervised Access Program
312 Parkdale Avenue
Ottawa, Ontario
K1Y 4X5

by fax:

(613) 725-5651

by email:

sap@familyservicesottawa.org