



## **SUPERVISED ACCESS PROGRAM**

### **SUPERVISED VISIT / EXCHANGE APPLICATION FORM**

**Note: Applications will not be processed unless completed in full and accompanied by a court order, endorsement, or signed mutual agreement.**

I have included the required document(s)

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

#### **DATE**

#### **SERVICE REQUESTED**

☐ Supervised visits

☐ Exchange

#### **APPLICANT INFORMATION**

Last name

First name

☐ Parent

☐ Grandparent

☐ Other (please specify)

Street address

City

Province

Postal code

Home phone

Cell

Work phone

Email

#### **Other parent / guardian**

Last Name

First name

☐ Parent

☐ Grandparent

☐ Other (please specify)

### **Applicant's lawyer information**

Last name	First name	
Street address	Province	Postal code
Phone number	Fax	
Email		

### **CHILDREN'S INFORMATION**

Primary residence of the child(ren):	With me	With other parent/guardian
	other (please specify)	

1.	Last name	First name
	Date of birth – d/m/y	Gender:
	Special needs/accommodations, allergies, etc	

2.	Last name	First name
	Date of birth – d/m/y	Gender:
	Special needs/accommodations, allergies, etc	

3.	Last name	First name
	Date of birth – d/m/y	Gender:
	Special needs/accommodations, allergies, etc	

4.	Last name	First name
	Date of birth – d/m/y	Gender:
	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 ☐ Concern regarding abduction  
☐ History of alcohol or drug abuse ☐ History of psychiatric illness  
☐ Partner abuse ☐ Unknown  
☐ 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

### 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) Incomplete applications will not be processed.
- 2) Each parent/guardian must complete and submit separate application form.
- 3) 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 must provide a copy of your court order, endorsement or signed mutual agreement with your application.
- 4) 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](mailto:sap@familyservicesottawa.org)