FAMILY SERVICES OTTAWA
SERVICES À LA FAMILLE OTTAWA

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.

Attach Document(s) 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

Date of Birth

☐ 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