



Baiden & Associates LLC Intake
Application

Please complete to the best of your ability

Date of Application: _____

Personal and Family Information:

____ Father

____ Mother

____ Guardian (specify relationship to child(ren)) _____

Caregiver Name: _____ DOB: _____

Education/Highest Grade Completed: _____ Religious Preference: _____

Racial/Ethnic Origin: _____

Name of the other party involved (guardian or visiting parent): _____

Please indicate status of your relationship with your child(ren)'s guardian or visiting parent:

____ Relative, Specify Relationship _____ No Relation

____ Divorced ____ Separated ____ Never Married ____ Married

Date of Marriage: _____ Date of Separation: _____

Date filed for divorce: _____ Date Divorced: _____

Do you have contact with this parent? ____ Yes ____ No ____ Not Applicable

Step-Parent or (significant other) living in the home? ____ Yes ____ No ____ Not Applicable

If Yes, Name: _____ DOB: _____

Step- and/or Half-Siblings (and others living in home) ____ Yes ____ No ____ Not Applicable

If Yes:

Name(s): Gender: DOB: Age:

Court Information (If Applicable):

Judge: _____

Your Attorney: _____ Phone #: _____

Attorney's Address: _____

Child(ren) (who are mentioned in the order for visitation):

Name(s): _____ Gender: _____ DOB: _____ Age: _____

Legal Information:

1. Estimate how many times you have been to Court concerning visitation disagreements?

2. Is there a restraining order preventing you and the other party from having contact with each other? _____ Yes (submit a copy) _____ No

3. If Yes, How many times have the police been contacted to enforce the restraining order?

4. Have you and/or the other party ever been convicted of a felony? You:

___ Yes _____ No

Other Party: _____ Yes _____ No _____ Don't Know

If Yes, please describe: _____

5. Is there any history of abuse by the other party toward you?

Type of abuse:

Physical (slapping, kicking, burning, destroying/throwing objects) _____ Yes _____ No

Sexual (raping, forcing/threatening sex, in presence of others) _____ Yes _____ No

Emotional (humiliating, name-calling, isolating, threat to hurt/kill) _____ Yes _____ No

If yes, estimate how often these incidents have occurred? _____

If yes, did any incidents occur in the presence of others? _____

Please describe the most recent incident: _____

6. Have there ever been charges filed against you or the other party for physical abuse? You:

_____Yes _____No
Other Party: _____Yes _____No _____Don't Know

7. Do you or the other party own any weapons? You:

_____Yes _____No
Other Party: _____Yes _____No _____Don't Know

If Yes, Please describe type: _____

Have these weapon(s) ever been used/threatened to be used in a domestic dispute?

_____Yes _____No

If Yes, please describe incident(s): _____

8. Have you or the other party assaulted or made threats to a law enforcement official, social worker or court official?

You: _____Yes _____No Other Party: _____Yes _____No _____Don't Know

If yes, Please describe incident(s): _____

9. Has your child(ren) witnessed abuse? _____Yes _____No

If yes, how often: _____

Has your child(ren) intervened? _____Yes _____No

If yes, please describe: _____

10. Has your child(ren) ever been abused (hit, hurt, threatened)? _____Yes _____No

Type of Abuse (see #5 for examples): _____Physical _____Sexual _____Emotional

If yes, please explain: _____

11. Have you ever been involved with the Department of Child Safety/Protective Services?

_____ Yes _____ No

If yes, please explain: _____

Health Information:

1. Do you have any special or medical problems that BAIDEN & ASSOCIATES LLC should be aware of?

_____ Yes _____ No

Diagnosis/Disability: _____

Medication(s): _____ 2a.

Does your child(ren) have any special or medical needs (including allergies) that the visiting parent or BAIDEN & ASSOCIATES LLC should be aware of? _____ Yes

_____ No

If yes, please describe: _____

Special Instructions during visit: _____

2b. Is your child(ren) receiving psychiatric/psychological treatment (i.e. therapy/medications)?

_____ Yes _____ No If yes, please specify:

Diagnosis/Disability: _____

Medication(s): _____

3. Substance Abuse (by either party):

History of drinking alcoholic beverages:

By you: _____ Yes _____ No By Other Party: _____ Yes _____ No _____ Don't Know

History of non-prescription (street) drugs:

By you: _____ Yes _____ No By Other Party: _____ Yes _____ No _____ Don't Know

If yes, please state substance(s) of choice: _____

History of abuse of prescription drugs:

By you: _____ Yes _____ No By Other Party: _____ Yes _____ No _____ Don't Know

If yes, please state substance(s) of choice: _____

Please Do you believe there is a problem with drugs of alcohol?

For you: _____ Yes _____ No By other party: _____ Yes _____ No _____ Don't Know Behaviors experienced/observed while under the influence: _____

Treatment: _____

Length of Sobriety: _____

Custody and Visitation Arrangements:

1. Who presently has legal decision-making of the child(ren)?
_____ Guardian _____ Father _____ Mother _____ Joint _____ Not determined at this time

2. What is the current parenting time arrangement?

Pre-Supervised Visit/Monitored Exchange Visitation Arrangements:

1. Until today, what arrangements were in place between you and the other party for contact/ visitation with the child(ren): _____

2. How frequent were the visits with the child(ren)? _____

3. How long, on average, have these visits lasted? _____

4. Where have these visits taken place? _____

5. What was the date of the last contact between the visiting parent and child(ren)? _____

6. What is the understanding of the reason(s) why you were referred for Supervised Visitation/ Therapeutic Supervised Visitation / Therapeutic Supervised Visitation / Therapeutic Supervised Visitation ?

_____ Domestic Violence Allegations/History of Domestic Violence

_____ Children Witnessed Abuse (physical, sexual, emotional)

_____ Child Abuse Allegations of History, please specify: _____ Physical _____ Emotional _____ Sexual

_____ Substance Abuse or History

_____ Lack of Access/Alienation of the child(ren)

_____ Lack of contact/Re-Introduction, specify time absent _____

_____ Poor Parenting Skills Allegations or History

_____ Abduction Risk (threatened or attempted kidnapping)

_____ Diagnosed Mental Illness

_____ Other, Please explain: _____

7. Have you informed your child(ren) of the court order and the reasons why BAIDEN & ASSOCIATES LLC services are needed? _____ Yes _____ No

If no, please explain why not: _____

8. What do you anticipate your child(ren)'s response to coming to BAIDEN & ASSOCIATES LLC will be? (happy, shy, sad, scared, angry, etc.): _____

Caregiver - For Supervised Visitation/ Therapeutic Supervised Visitation s Only: Do you and your child(ren) permit photographs to be taken during Supervised Visitation/ Therapeutic Supervised Visitation s? _____ Yes
_____ No

Consent for Supervised Visitation/ Therapeutic Supervised Visitation Services:

Are you in agreement with using services from Baiden & Associates LLC?

_____ Yes _____ No

If no, Please explain: _____

CONCERNS: Is there anything that you feel we need to know to best serve your visitation needs?

Caregiver Signature

Date

BAIDEN & ASSOCIATES LLC Staff Signature

Date

