

For Office Use Only

Received by: _____

Scheduled: _____

Confirmed: _____



Updated November 2019

Family Visitation Center SCHEDULING FORM

Today's Date: _____

Name of person scheduling this appointment: _____

Phone: _____ **E-mail:** _____

Date / Time Requested: _____

Adults attending the visit:

Name	Relationship to Child(ren)
_____	_____
_____	_____
_____	_____
_____	_____

Child(ren) attending visit:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Visitation Supervisor for this appointment:

Name: _____ **Phone:** _____

E-mail: _____

Additional Notes: _____

IMPORTANT REMINDERS:

A current copy of the court order for the visitation must be received by The Center 24 hours in advance of the scheduled appointment time. Copies may be sent to FamilyVisitation@TheCenterODC.org with the child(ren)'s last name in the subject line.

Each adult in attendance will have to complete a Client Information Form before their visitation appointment.

We request 24-hour notice for any cancellations.

Please refer to The Center's Supervised Visitation Instructions for a full list of guidelines for The Center's Family Visitation Space.