

## UCI Process for Supervised Visits and Neutral Exchanges

UCI provides neutral exchanges and supervised visitation. Each party/parent must complete an intake session before the visits can begin. Each person completes the Intake session at their own date and time which is scheduled with the Program Manager or Director.

The frequency, timing and scheduling of the visits are determined and arranged by UCI staff and these arrangements free you from needing to deal with the other party. We do expect cooperation from both parties to facilitate visits for the benefit of the children.

Visits are scheduled and paid for in advance by a week to aid in sufficient staffing on weekends and other busy times, we will schedule the visits and exchanges based on what time is available in the program schedule and will meet both of your needs.

Fees for services must be paid when the appointment is scheduled and received a week prior to the visit. Missed appointments or cancellations with less than 48 hours are non-refundable.

Currently, UCI is open for visits and exchanges six days a week with Intake appointments on Tuesdays.

We look forward to working with your family. We have three steps at our front door and are therefore not handicapped accessible. We are on the bus line in Salem with a bus stop one block away. Please see our website for directions and a picture of the property. [www.uppercircle.com](http://www.uppercircle.com)

Question? Please contact us at [visits@uppercircle.com](mailto:visits@uppercircle.com)

# Upper Circle Inc. Supervised Visitation Policies and Procedures

## Intake Agenda and Checklist

*We provide a neutral, stress-free, safe, and child-friendly environment for children to be able to initiate, to reunite in, or to continue a relationship with non-custodial parents.*

- 1. Review Case History and needs with parent:** this includes discussion of why services are needed, what services we can provide and the family dynamics that are important for us to know.
- 2. Review forms and policies:** UCI staff will review each form explaining and elaborating on the meaning that needs to be signed and completed by the parent. Please have your forms completed when you arrive to expedite the process.

### **Forms:**

Intake Packet	Child Information Papers	Child Health and Allergies
Release of Information	Court Papers	Personal History
Fee Agreement	Emergency Procedures	Policies and Procedures

- 3. Establish a time-sharing plan:** A plan for the first appointment is discussed and scheduled that includes the date and time for the visitation, persons permitted at the visit and any possible activities planned at the visit.
- 4. Please provide the following items in order to schedule the Intake Meeting:**
  - All Intake Forms in this packet
  - Copy of Photo Id of yourself and anyone you would like to be able to pick-up or drop off your children
  - Court Orders, Stipulations, or Legal Documents related to visits, time sharing or exchanges, you are welcome to email or fax these documents as well. [visits@uppercircle.com](mailto:visits@uppercircle.com) or fax 503.391.0476.
  - Recent individual photos of your children who will participate in the visitation
  - Copy of the car registration for the vehicles you will be driving to and from visitation
  - Your attorney's contact information
  - Any additional information you believe would be helpful to UCI staff in order to provide safe and effective visitation.

Your Intake Fee of \$100 payable by Paypal to [beth@uppercircle.com](mailto:beth@uppercircle.com), cash, money order or cashier's check.
- 5. Your child is welcome to attend a separate meeting to become introduced to the location and staff where they will participate in visitation. The intake meeting is not appropriate for your child to participate in. If a family member would like to bring them at the end of the meeting for the last 5-10 minutes that is also an option.**

# Intake - Parent Contact Form

## Address & Telephone Information

Case Name: \_\_\_\_\_  
(Visiting Parent's Last Name / Custodial Parent's Last Name)

Parent's Name: \_\_\_\_\_

I am the:     Custodial Parent                       Visiting Parent

Your Residential Address: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City    State    Zip

That is *the best number* to reach you?     Cell     Home     Work

Cell Phone Number \_\_\_\_\_  A message may be left on this number

Home Phone Number: \_\_\_\_\_  A message may be left on this number

Work Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_  A message may be left on this number

### ***Email Address for Required for scheduling and Communication:***

\_\_\_\_\_

Occupation: \_\_\_\_\_ Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### Days off and available for Visits:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature    Date

**ATTENTION PARENTS:** It is your responsibility to always keep Upper Circle Inc. informed of changes to your address and/or telephone number. Update forms are available upon request.

# Supervised Visitation & Exchange Center Intake Application

Please complete to the best of your ability in English.

## Personal and Family Information

I am the:  Father  Mother  Family Member  Guardian

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Address: \_\_\_\_\_

Employer \_\_\_\_\_ Job \_\_\_\_\_

Work Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Level of Education: \_\_\_\_\_ Religious/ Spiritual Beliefs \_\_\_\_\_

Race or Ethnic Origin: \_\_\_\_\_

Hobbies \_\_\_\_\_

Name of other party involved: \_\_\_\_\_

Please indicate status of your relationship with your children's guardian or visiting parent:

Divorced  Separated  Never Married  Married

No Relation  Guardian  Relative

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Date Filed for Divorce: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Do you have contact with this parent?  Yes  No  Does not apply

Is there a Step-Parent or Significant other living in the home?  Yes  No  Does not apply

Name \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_ phone \_\_\_\_\_

Are there Step-siblings/Half-siblings living in home?  Yes  No  Does not apply

Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Court Information

Judge \_\_\_\_\_ Phone \_\_\_\_\_

County of the Divorce or Decree \_\_\_\_\_

Your Attorney \_\_\_\_\_ Phone \_\_\_\_\_

Attorney address \_\_\_\_\_ Zip \_\_\_\_\_

Children listed in order for visitation:

Name \_\_\_\_\_ 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 direct contact with each other?  
Yes  No  Please supply a copy
3. 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 or misdemeanor?

**Me:** Yes  No  **Other Party:**  Yes  No  Does not apply  
Describe \_\_\_\_\_

5. Is there any history of abuse by the other party toward you?  Yes  No

**Types of Abuse:**

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

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

*Emotional* (humiliating, name-calling, isolating, threatening to hurt or kill)  Yes  No

If yes, estimate how often these happened and describe \_\_\_\_\_

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

You:  Yes  No Other Party:  Yes  No

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

**Me:**  Yes  No **Other Party:**  Yes  No  Does not apply

Describe \_\_\_\_\_

Have these weapons ever been used or threatened to be used in a dispute?  Yes  No

Describe: \_\_\_\_\_

8. Have you or the other party assaulted or made threats to police, therapist, DHS or court official?

**Me:**  Yes  No **Other Party:**  Yes  No  Does not apply

Describe \_\_\_\_\_

Have our children witnessed the abuse?  Yes  No

Which child and what did they see or experience?

Have your children intervened?  Yes  No

Describe \_\_\_\_\_

Have your children been abuse (hit, hurt, threatened)?  Yes  No

9. Types of Abuse they experienced:  Physical  Sexual  Emotional

Describe which child experienced which abuse: \_\_\_\_\_

10. Have you ever been involved with Child Protective Services (DHS)?  Yes  No

Describe \_\_\_\_\_

**Health Information**

1. Do you personally have any medical conditions that UCI staff should be aware of?  Yes  No  
Describe \_\_\_\_\_
2. Do your children have any medical conditions/needs that we should know about?  Yes  No  
Describe \_\_\_\_\_  
Is your child also seeing a therapist/counselor or prescriber?  Yes  No  
RX  Yes  No Type: \_\_\_\_\_ Allergies:  Yes  No
3. Substance Abuse History by both parties:  
History of drinking alcoholic beverages:  
**By you:**  Yes  No **By the other party:**  Yes  No  I don't know  
History of non-prescription street drugs:  
**By you:**  Yes  No **By the other party:**  Yes  No  I don't know  
Drug of choice and quantity: \_\_\_\_\_  
History of prescription drug abuse:  
**By you:**  Yes  No **By the other party:**  Yes  No  I don't know  
Rx \_\_\_\_\_  
Do you believe that there is a problem currently with drugs or alcohol?  
**By you:**  Yes  No **By the other party:**  Yes  No  I don't know  
Behaviors experienced or observed while under the influence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Treatment History \_\_\_\_\_ Sobriety \_\_\_\_\_
4. Mental Health History/Condition: \_\_\_\_\_
5. Other Condition or impairment: \_\_\_\_\_

**Custody and Visitation Arrangements**

1. Who presently has legal custody of the children?  
 Guardian  Father  Mother  Joint  DHS  Not determined at this time
2. Who presently has physical custody of the children?  
 Guardian  Father  Mother  Joint  DHS  Family member: \_\_\_\_\_  
If there are different arrangements for each child please give specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Until today what arrangements were in place between you and the other party for contact/visitation with the children? \_\_\_\_\_
4. How frequent have the visits been with the children? \_\_\_\_\_
5. How long have the visits lasted? \_\_\_\_\_
6. Where have the visits taken place? \_\_\_\_\_
7. The decision for visitation arrangements was made by or with assistance from:  
 Counselor or Mediator  You and your ex-spouse/partner  Attorney's  Judge/Court
8. When was the date of the last contact between the visiting parent and the children? \_\_\_\_\_  
\_\_\_\_\_

9. What is the understanding of the reasons why you were referred to UCI? (mark all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic violence Allegations or history of violence | <input type="checkbox"/> Substance Abuse History              |
| <input type="checkbox"/> Children witnessed abuse                             | <input type="checkbox"/> Mental Health History or Instability |
| <input type="checkbox"/> Child Abuse allegations                              | <input type="checkbox"/> Neglectful or Threatening            |
| <input type="checkbox"/> Sexual abuse allegations                             | <input type="checkbox"/> Inconsistent or Unreliable           |
| <input type="checkbox"/> Lack of Access/Alienation of the children            | <input type="checkbox"/> Poor Parenting Skills                |
| <input type="checkbox"/> Abduction Risk (threatened or attempted)             | <input type="checkbox"/> Other:                               |

10. Have you informed your children of the court order and why you are coming to UCI?  Yes  No

11. What do you anticipate your children's response to coming to UCI? (happy, sad, scared, angry, shy, etc.)

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12. What can we do to make this a good experience for them? \_\_\_\_\_

**Custodial Party:** Please review with your children the handout: *How to Prepare your Children for Visitation Form*.

**Agreement:**

1. We currently only have English speaking staff. If you have another language need you will need to provide an interpreter at your own cost. Will you provide an interpreter?  Yes  No
2. We are not handicapped accessible, will that be an issue for you?  Yes  No
3. We ask that all weapons are left at home, do you agree?  Yes  No
4. We ask that you remove your shoes before going into the visitation, do you agree?  Yes  No
5. We ask that no gum is in use during the visits, and there are no smoke breaks.  Yes  No
6. I am agreeing to supervised visitation and all of the rules and policies.  Yes  No
7. I agree to use UCI for supervised visitation.  Yes  No
8. I have the following concerns: \_\_\_\_\_

I agree to participate in supervised visitation which includes following policies and rules to create a safe environment for parent- child interaction. I will follow these rules and if I am not certain of a rule I will seek clarification before acting upon it. I recognize that all interactions are written down and reported to the Court, these are observations of my behavior without judgment or prejudice.

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my dismissal as a client if discovered after service begins. I understand the court will be notified of this dismissal and that this may affect the visitation or custody of my children.

I understand that UCI can make no promises or guarantees relating to visitation or court matters, my client status may be suspended any time that I or any part of my family/friends become unsafe for the facilities and/or staff of UCI. I understand that any termination as a client will be documented and that this documentation may be presented to the court.

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Printed Name	Signature	Date
Staff Signature	Date	

# UCI Medical Instruction Form

This form is to be completed when children need medication or have a special dietary requirement that might arise during visitation. Please complete a separate form for each child.

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

This child has no Known Medical or Special Dietary Needs.

## Medical Information

Does this child deal with any of the following conditions:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Peanut/Nut Allergy | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Blood clotting problems |
| <input type="checkbox"/> Fainting      | <input type="checkbox"/> Allergic to Cats   | <input type="checkbox"/> Wetting Pants      | <input type="checkbox"/> Vomiting                |
| <input type="checkbox"/> Stomach Upset | <input type="checkbox"/> Anxiety/Panic      | <input type="checkbox"/> Nose Bleeds        | <input type="checkbox"/> Contagious Disorder     |
| <input type="checkbox"/> Diabetic      | <input type="checkbox"/> Mrsa Infection     | <input type="checkbox"/> Bee/Wasp Stings    | <input type="checkbox"/> Separation/Fears        |
| <input type="checkbox"/> Other: _____  |   |   |  |

Condition: \_\_\_\_\_

Medication or Treatment: \_\_\_\_\_

Medication or Treatment: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Frequency and Time to administer: \_\_\_\_\_

Frequency and Time to administer: \_\_\_\_\_

*Please write additional medications on another sheet.*

## Food Allergies & Special Dietary Needs

Food Allergies: \_\_\_\_\_

Treatment of the Allergy: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*You (Custodial Parent) are required to bring any EPI pens or other antidotes to visitation sessions and leave it with us for the duration of the visit for the safety of the child. Forgetting the EPI pen or antidote will result in cancelling the visit and the fee will be charged in full to the Custodial parent.*

Weather permitting we may have supervised visits outside, please provide, hat, sunscreen or bug repellent if you wish them used during the visit.

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize UCI staff to call for emergency medical care for my child since we cannot transport them and to notify me at the following number \_\_\_\_\_ as soon as possible.

**During Supervised Visits bottle-fed children will be provided at least one prepared bottle for the visit by the Custodial parent.**

Parent Name

Signature

Date



**Upper Circle Inc. Supervised Visitation Program**

**CONSENT FOR RELEASE/EXCHANGE OF CLIENT INFORMATION**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Name of Other Parent or Guardians: \_\_\_\_\_

**I hereby authorize the following agencies or persons to release to each other and to exchange information from my client records:**

- Upper Circle Inc. Supervised Visitation & Monitored Exchange Center
- County District Courts, Court that ordered Visitation/Exchange, Child Support Court, etc.
- Client Attorney(s) \_\_\_\_\_
- Client Attorney(s) \_\_\_\_\_
- EMT/Hospital/Medical in Emergency \_\_\_\_\_
- Mediator \_\_\_\_\_
- Other: \_\_\_\_\_

**This information shall include:**

- Upper Circle Inc. Visitation and Exchange Center Intake Form*
- Upper Circle Inc. Visitation and Exchange Center Summaries of Services*
- Upper Circle Inc. Visitation and Exchange Center Visit/Exchange observation notes*
- Upper Circle Inc. Visitation and Exchange Center account information*
- Upper Circle Inc. Visitation and Exchange Center Reports and notifications*

I understand that I am participating in a process that will be enhanced when information is shared freely between the parties listed above in my case. I understand the contents to be released/exchanged, the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information. I understand that this is not a medical record and is not protected by HIPPA. I hereby acknowledge that this consent is truly voluntary and is valid until such request is terminated in writing to UCI. I further acknowledge that I may revoke this consent at any time and this revocation will result in notification of the parties involved in this case being informed of the revocation. This consent shall expire on the date shown below. I acknowledge that a copy is as valid as the original copy. Valid from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Parent's Name – Please Print or \_\_\_\_\_  
Legally Appointed Representative's Name

\_\_\_\_\_  
Parent's Signature Date

# UCI Supervised Visitation and Exchange Program

## Emergency Form Visiting Parent

Visiting Parent Name: \_\_\_\_\_  
Phone numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_  
Work \_\_\_\_\_ Other \_\_\_\_\_

### Emergency contact:

Visiting parents or guardians please provide an emergency contact person for us and attach a copy of their DMV ODL.

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to visiting parent \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to visiting parent \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to visiting parent \_\_\_\_\_

Emergency contact persons are expected to be familiar with UCI guidelines and procedures. UCI reserves the right to refuse to work with anyone who is disruptive to the program or disturbs the visits of other families participating at UCI for visits.

I authorize the emergency contact to be called if UCI staff considers it necessary. In return for my use of the services at UCI, I release UCI and its staff from all claims and I assume all risk for claims which may arise as a result of acts or omissions by my emergency contact persons.

UCI will call 911 for any emergency situations. Information may be released from my file for their needs to supply me with emergency care and contacts. UCI and its programs are not responsible for costs of transportation, doctors, hospital or urgent care costs. I release Upper Circle Inc. for any responsibility of care due to medical emergency at any of our locations.

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Signature of Visiting Parent                      Date                      Staff Signature                      Date

# **COST OF SERVICES**

## **Fee Agreement**

### **Payment Responsibility**

Court ordered families are assigned payment responsibility by the court. Other referring agencies may indicate in writing who will be responsible for payment. If the referring agency does not indicate who will be responsible for payment, the UCI will assign financial responsibility. Services will not be provided until a fee agreement is signed by both parties and the initial payment is received.

### **Cancellations**

All cancellations must be made at least 48 hours in advance of a scheduled appointment or visitation. Parents are not charged if proper notice is given this is expected during business or supervision hours. The party who cancels outside of this timeframe will be charged the full visitation fee, regardless of which parent is responsible for visitation costs.

### **No Show**

A party who fails to arrive for an appointment and has not notified the Center will be charged the entire amount of the service. Rescheduling of visits will depend on the Center's availability and cannot be guaranteed. Two cancellations without notification will result in termination of services and notice will be sent to the referring agency. Services may be suspended or terminated due to non-payment.

### **Court Testimony**

A retainer fee of \$1000 is required in advance to the party issuing the subpoena, with an additional \$200 per hour fee for preparation, with a minimum of two hours preparation for court. It is understood that no further information is generally available or useful outside of the Observational Monitoring Sheets which are prepared and submitted to the Court, creating no need for court testimony since UCI make neither recommendations nor interpretations of the visits.

All fees will be paid by cash, cashier's check, money order or Visa/MasterCard. Payments are paid in advance of the next visit. Payment for the next visit is made at the time of the current visitation/exchange. Any charge cards being used will need to be in your possession and a separate form filled out for on-going use for the card for regular billing.

### ***Payment for Visits***

All fees are required one week in advance of the visit. We believe this is thoughtful to the children and the other parent in scheduling. It also provides both parents the advance planning necessary to save the money and also to plan the visit. I am showing my commitment to visiting with my children by consistently paying for my visits in advance to regularly and routinely have contact with them.

## Program Fees

Intake	\$100 per person
Supervised Visitation	
1 hour	\$75
2 hour	\$125
3 hour	\$165
Notes	\$5 a page
Reports	\$50 an hour to prepare
No Show	Entire cost of Service/Visit
Less than 48 Hour Cancellation	Entire cost of Service/Visit
Monitored Exchange (2x)	\$45
Late Fee	5 minutes or less: \$10.00; 6-10 minutes: \$18.00; 11-16 minutes: \$25.00;

More than 17 minutes late \$35, with no further visits scheduled until the case is referred back to court. The fees above are based on communication that is EMAIL; phone communications are charged at the full fee and not the discounted email fee. You will need to add \$10 per visit for phone based communications if you choose to not use the email communication.

### ***My Financial Obligation***

I agree to make all payments for all services rendered and all services I default on by being late to visitations, late cancellation, no shows, penalty fees or requests for documents. I am liable for all additional court costs, attorney fees and interest charged at the rate of 18% annually for balances due to UCI for these services. I will be terminated from services for non-payment and I will only be able to resume visits once I am paid in full. This also may necessitate a larger payment for future visits on my part paying for 2 or more visits instead of one in advance.

My signature indicates I understand the fees on these pages and agree to pay them.

I may withdraw from services with UCI at any point by giving written notice that I no longer wish to participate in supervised visitation and am formally cancelling my visits and withdrawing from their services. Until I do this I am obligated for all services I have arranged and agreed upon.

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Parent Name	Signature	Date
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Staff Signature	Date
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**Upper Circle Inc. (UCI)**  
Supervised Visitation & Exchanges

**Overall Policies and Procedures**

1. Visitation supervision services do not constitute therapy, counseling, or any other professionally licensed activity. For this reason, any records generated by UCI staff arising from visitation supervision are *not* confidential under the law. I hereby release UCI staff to make copies of any and all of these records for the other parent, his or her attorney, the court, DHS, or other representative.
2. UCI staff members are mandatory reporters of suspected abuse, and serious threats to do harm against others, if we are concerned we will make a report, we are not investigators however, we are observers and will report what we observe and let the investigators do their work. UCI works with all clients including sexual abuse case referrals.
3. UCI cannot begin or continue a supervised visit if either party knows or has outstanding arrest warrants against them until it has been determined it is safe to begin or continue visits.
4. It is the policy of UCI that there will be *no contact* between the custodial and visiting parent while on, or within, walking distance of UCI property before, during, or after a visit. Always use the parking area and follow the requirements for the visit arriving and departing on schedule.
5. UCI staff shall not act as a go-between on any adult matters that are not pertinent to their UCI role. UCI will only transfer the following child related information: *health information, medicine, and favorite toys/food.*
6. Scheduled visitations or exchanges at UCI may not be used by either party as an opportunity to serve legal papers.
7. Visitation Staff and parents will not talk about any aspect of the case/situation in front of the child.
8. All clients are self-pay; payment for services will be paid directly to UCI in the form of cash, money order, cashier's check, or credit card a minimum of **7 days** before the visit.
9. All scheduling must be completed **by 5:00 PM the week prior** for visitations planned for the following week (Exception for Holiday closures). For weekend visitation it is required that Saturday and Sunday visits are arranged no later than Friday the week prior, with payment made a week in advance. **It is the responsibility of the parents to contact Supervised Visitation to arrange a visit.**
10. We have a no-tolerance policy to lice and their nits in hair. Visitation Staff reserve the right to check a child's hair if they have reason to believe the child has lice. Visits will be immediately cancelled upon the discovery of lice and nits in a child's hair for the safety of other children and their family.
11. In consideration of the visitation supervision services, parents agree to release UCI, its employees, agents, officers, and directors, from any and all claims arising there from, excepting only those arising from intentional malfeasance. This release covers specifically, but is not limited to, claims arising from a visiting parent's departure with the minor child/children from agreed upon visiting site. UCI staff cannot, and will not, attempt to physically prevent the visiting parent from leaving with the child/children. UCI staff will call the police immediately if a threat of this nature occurs.

By my initials I recognize that these items have been explained to my satisfaction and complete understanding \_\_\_\_\_.

## Before the visit

1. Punctuality is very important. Anyone tardy to visits or pickups will be charged accordingly by the minute. Tardiness is reported to the court, and repeated violations will result in termination of visits.

- a. If the entry door is locked, do not try another entry. Staff will come at the appointed time to open the door and let you in for your visit, we are mindful of the safety and security of all here.
- b. The visiting parent must arrive 15 minutes before the scheduled visitation time and remain until the Supervising Monitor excuses you to leave. A visiting parent who is late will have a fee imposed and/or the visit cancelled. For exchanges, whoever does **not** have the child arrives 15 minutes early.
- c. The Custodial parent is to arrive no earlier than 5 minutes before the scheduled visitation time.
- d. If either parent is late these are the amounts that will be charged: 5 minutes or less: \$10.00; 5-10 minutes: \$18.00; 11-16 minutes: \$25.00. More than 17 minutes late, no further visits are scheduled until the case is referred back to court.
- e. A parent is considered late when they arrive any time after a scheduled visit. When you are 15 minutes late the visit is cancelled. If the waiting parent wishes to complete the visit past the 15 minute cut-off then staff will accommodate to the end of the ***original scheduled time***.

1. To cancel visits/exchanges call the Visitation Supervisor at least 48 hours prior to visit. All cancellations by either party made within less than 48 hours' notice will be billed at full price to the cancelling party.
2. Approval from the Visitation Supervisor, Custodial Parent, and Child must be given for immediate family members to have their own separate visit or they must be included on the Court papers authorizing the visit.
3. Failure to meet the requirements of other programs ordered by the court may result in suspension of visits, this includes probation/PPS, DV programs, D & A, Bench Probation, SA, etc.
4. Gum use, Tobacco use and weapons are not permitted on the premises including the entire physical property. Anyone entering UCI premises may be subject to a search of their person and parcels to ensure they are unarmed.
5. **Peanuts:** Due to the frequency and danger of Peanut allergies NO peanuts or peanut products are allowed on UCI property. If your child is allergic to peanuts please note this on your Health Form for your child. The EPI Pen must be brought to the visit EACH time and placed in the FIRST AID kit on the wall in the waiting room. Failure to bring the EPI Pen to the visit will automatically cancel the visit and the full charge will be incurred by the Custodial Parent for the cancellation and another visit will be scheduled for that week to comply with the visit schedule. You may permanently leave an EPI pen at UCI with your child's name on it in the kit or cupboard.

By my initials I recognize that these items have been explained to my satisfaction and complete understanding \_\_\_\_\_.

## During the Visit

1. Cellular phone usage will not be allowed during the visit. Phones must be left in your vehicle. For those using the bus, please turn off your phones and place them in the basket designated for them in the room along with your car keys.
2. NO photos will be allowed during visitation. No audio or video taping will be allowed. UCI staff will not take pictures for you during the visit. Only pictures of the children provided by the visiting parent are allowed to be brought to the visit. No pictures are allowed to go home with the child unless it is a photograph of only the child.
3. *Termination*: UCI Visitation Attendants/Supervisor has the authority to immediately terminate a visit/exchange in the event she/he believes it to be in the best interest of the child(ren) to do so. The decision is final, immediate, and non- negotiable, a report will be submitted to the court.
4. The Monitor/Supervisor will document observations of the visit but will not make any judgments regarding the quality of the interactions or about the effects of the contact between parent and child. It is the sole responsibility of the visiting parent to parent their child(ren) in all aspect of this role, including: diaper changing, toileting issues, discipline, feeding, reading, picking up toys, playing with them and interacting, etc.
5. You are responsible to interact appropriately with each child during the visit based on their age and level of functioning.
6. Since you are referred by the court and all of your interactions with the child(ren) are being noted and reported to the court, you are expected to present “court behavior” while at UCI and interacting with your children and staff.
7. Staff members are not your friends, confident or helper, we are here to monitor and report on your behavior and interactions with your child(ren) while at UCI. Do not solicit personal information from staff or attempt to engage in discussions with them before, during or after your visit. Your conversation and discussion will be recorded in the Observation Notes.
8. Animals: Presently there is a therapy pet at the office, a cat. Please inform us if you or your child is allergic to cats and he will not be allowed in the room with you or your child.
9. **Gifts**: Must be approved two weeks prior to the visit by the Custodial Parent and UCI program. The Gift Form must be completed and submitted to UCI staff allowing for the two week time period for processing. Additional charges may be applied depending upon the amount of time required to arrange this approval process.
10. Gifts are allowed to be given to the children on their birthday and celebrated holidays. You may ask the visitation staff for clarification on your specific case. An answer may not be immediately forthcoming depending up on court documents and the Custodial Parent input.
11. A maximum of \$100 cash or cash card may be given per child in a visit.
12. We do not transfer child support payments or provide other paperwork between parents.

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## After the visit

1. If there is a Restraining Order in effect and the visiting parent leaves before being excused, the court will be notified of their violation of the Restraining Order.
2. Visiting Parents are responsible for restoring the visitation room to its original condition (pick up toys, clean off surfaces, wipe off table, pick up and throw away trash, etc.).
3. Financial costs for damage done to UCI property due to a parent failing to properly supervise or parent their child will be the sole responsibility of that parent.
4. All written reports, letters, and conversations with attorneys, therapists, or others in regard to this case will be billed to the agency at \$60.00 an hour.
5. If either parent requests copies of visitation notes they will be charged a \$5.00 a page fee. This fee must be paid in cash before the copies are made for them to take or sent to others.
6. If the visitation notes need to be faxed to the court/mediator or others, there is a \$5.00 a page fee for this service, which must be paid in cash prior to the documents being sent.
7. Billing: We do not engage in billing or providing you with a statement, you are paying for services in advance of obtaining them. We will provide you with a printed list of the fees you have paid for the visits and any additional charges you have accrued while working with UCI.
8. Following the visit you may schedule your next visit and make your payment for this visit before leaving. We do not have the ability to make change so please bring the exact amount for the visit and also any additional amount for notes, reports or conferences.
9. We are not providing therapy, counseling, or parent training, nor do we provide crisis counseling following a visit. If you have concerns about behavior or statements that have occurred in the session, you may request the notes and speak with your attorney and return to court. We take seriously any threats, grooming, and exploitation of the children and will act promptly to protect them in sessions.
10. Lengthy and frequent phone calls or emails following a visitation will be billed at the conference fee rate and you may be referred to therapy, counseling, mediation or returned to the court for additional assistance. We are not able to mediate difference between you and the other party.
11. Our policy is to hold our communication with parents through emails; the fees are at a reduced rate based upon emails rather than phone calls. We do not TEXT, we do not communicate typically through our cell phones; we use email to schedule appointments and brief information sharing.

By my initials I recognize that these items have been explained to my satisfaction and complete understanding \_\_\_\_\_.



**Fees and Services**

Intake & Child Orientation	\$100 for 50 - 60 minutes
Supervised parenting	\$75 for 1 hour, \$125 for 2 hours, \$165 for 3 hours
Other Languages	Cost of interpreter + cost of Visit
Court Report Fees	\$60
No Show Visit ( <i>charged to the parent that did not show up</i> )	Full Fee for scheduled visit
Observation Notes (sent to you, attorney, Court, DHS)	\$5 a page
Conference (to discuss concerns or problems)	\$75 an hour billed in 15 minute increments

The fees shown above are discounted based on all communication between staff and parents using email interactions. You may choose phone based communication and pay the full-fee by adding \$10 per visit and \$20 for Intake session.

**I have read and agree to abide by the above *Supervised Visitation and Exchanges Policies and Procedures*, and acknowledge that this is not a contract to be renegotiated:**

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Parent Signature Printed Name Date

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Staff Signature Printed Name Date

**PARENTAL AGREEMENT FORM**

I, \_\_\_\_\_, understand and agree to comply with the following guidelines while visiting with child(ren) under UCI control.

- 1 I agree to call the Monitor (UCI) at least 48 hours before a visit if I cannot attend. I understand that lack of such notice will require me to pay the full visitation fee.
- 2 I agree not to speak negatively about the child(ren)'s custodial or foster parent in front of the child(ren).
- 3 I agree not to address adult issues, such as court proceedings, with children or to make promises to the children about future living arrangements or unsupervised visits.
- 4 I agree not to question the child(ren) about their custodial parents or foster parents whereabouts or activities.
- 5 I agree not to use drugs or alcohol at least 24 hours before visiting the child(ren). I understand that the visit will be cancelled if I am suspected of using these substances. I further agree that UCI has sole discretion regarding termination of a visit for any reason and must retain care and custody of my child(ren) until the child(ren) is returned to the custodial or foster parent.
- 6 I agree to arrive at the visitation site at the specified time of arrival for scheduled visits and leave when the visit has ended.
- 7 I agree to not to bring anyone else to the visit and to direct anyone driving me to the visit to leave the property.
- 8 I agree not to use physical punishment or profanity with the child(ren) during the visits.
- 9 I agree not to bring any weapons or articles that may be used as weapons to visits.
- 10 I agree not to send any correspondence, messages or any other material to the custodial or foster parents by means of the child(ren) or to give any personal written messages intended for the child(ren).
- 11 I further understand that breaking this agreement may lead to the termination of visits under the auspices of UCI staff.
- 12 I agree that my visitation file is not confidential and the court, DHS/CPS, my attorney, my children's attorney or the Guardian ad Litem, if one has been appointed, shall have full access to the file, and the on-going visit notes and I am responsible to pay all fees for sending these notes to these professionals.
- 13 I agree not to attempt to hide my conversation with my child(ren) by whispering or in any other manner. All conversation must be audible to the Monitor and in English.
- 14 I understand that I am responsible for my child(ren)'s behavior during a visit. If I cannot control my child the Monitor has the authority to terminate the visit.
- 15 I agree not to take photos or videotapes of my child(ren) during a visit unless there has been pre-arrangement with UCI and the other parent.
- 16 I understand that UCI may terminate its involvement in my case for any reason, including failure to strictly adhere to the visit schedule, excepting medical necessity for which I will produce certification. I know that the Court will be notified if this happens.

\_\_\_\_\_  
Signature of Visiting Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Monitor/Program Manager/Director

\_\_\_\_\_  
Date