



Another Chance  
Family Center

## Another Chance Family Center

203 20<sup>th</sup> Street North, Pell City, AL 35125

(205) 200-5314

sporter@anotherchancefc.org

### APPLICANT INFORMATION

Name:

Date of Birth:

SSN:

Phone:

Current Address:

City:

State:

Zip Code:

Email Address:

### COURT INFORMATION

County:

Court Case Number:

Do you have a current child support case with the opposing party? If yes, what is the case number?

Attorney Name:

Phone:

Guardian Ad Litem Name:

Phone:

How often are visits? (Weekly, Biweekly, Monthly):	How long are visits? (one hour, two hours, etc.):
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**CHILDREN WHO ARE PART OF THE VISITATION**

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

**INFORMATION REQUIRED TO COMPLETE PARTICIPANT INFORMATION FORM**

**Marital Status of Parents:**

- Never Married
- Married
- Legally Separated
- Divorced

**Current Household Income:**

- \$0-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000 & over

**Race:**

- Asian
- African American/Black
- American Indian/Alaskan Native
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- Other
- Two or More Races
- White

**REFERRAL SOURCE FOR SEEKING SUPERVISED VISITATION**

<input type="checkbox"/> COURT ORDERED	<input type="checkbox"/> DOMESTIC VIOLENCE AGENCY
<input type="checkbox"/> DHR CHILD SUPPORT	<input type="checkbox"/> DHR CHILD ABUSE & NEGLECT
<input type="checkbox"/> SELF REFERRED	<input type="checkbox"/> OTHER (COUNSELOR, ATTORNEY, ETC.)

**DRIVER'S LICENSE & VEHICLE INFORMATION**

DRIVER'S LICENSE #	CAR TAG #	MAKE	MODEL	YEAR	COLOR

*Briefly Describe Your Reason for Seeking Supervised Visitation*

**Is there a history of alcohol/drug use involved in this case? If yes, briefly explain & list the alcohol/drug(s) involved:**

**Do you have a history or diagnosis of mental health issues? If yes, briefly explain & list diagnosis:**

Do you or the other parent have a criminal history? If yes, briefly explain & list charges:

DOMESTIC VIOLENCE/ABUSE

Have you or the other parent been required to register as a sex offender?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Is there Physical/Emotional/Sexual Abuse involved in this case between the visiting parent and child(ren)? Please include this information whether there is evidence or if it is being considered allegations/unfounded.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**If YES, Briefly Explain:**

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Is there a History of Domestic Violence (Physical,Emotional,Sexual Abuse) within this case between you and the other parent/guardian?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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When did the most recent incidence of violence occur?

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Is there a restraining order/PFA (protection from abuse) currently in place?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, what is the expiration date or terms to expire upon?

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DHR INVOLVEMENT

**Is there a current/open DHR case regarding your child(ren)?**

_____ YES	_____ NO
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**If YES, please fill out the following information:**

Briefly explain the case and/or circumstances leading to DHR involvement:

**DHR CONTACT INFORMATION:**

DHR Caseworker's First & Last Name:	
DHR Caseworker's Phone Number:	
DHR Caseworker's Email Address:	

**AUTHORIZED PERSON(S):** approved by the court, or by agreement of the parents and/or the provider, to be present during the supervised visit. Must be a relative (blood relation, by marriage, siblings) of the child(ren).

You may list up to three individuals to be authorized to join the visitations. There is no guarantee that these individuals will be authorized, however they will be considered by the appropriate parties.

First Name:	Last Name:	Age:
First Name:	Last Name:	Age:
First Name:	Last Name:	Age:

Anything else you think we should know pertaining to this case or the child/ren?  
(extracurriculars, safety concerns, special needs, disabilities, allergies, etc.)

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What is your availability? Please list factors (school, work, extracurriculars, etc.) that affect your schedule in terms of setting up visitation:

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EMERGENCY CONTACT INFORMATION

*Please list someone other than yourself who we may contact in case of an emergency.*

First & Last Name:

Relationship:

Phone Number:

SIGNATURE

Signature of Applicant:

Date: