FAMILY CONTACT
SERVICE

INTAKE FORM

This form is designed to collect information from families engaging in court-ordered or by agreement supervision services. The information will assist our service in understanding the family's needs, strengths, and the requirements of the court order/agreement. All information is kept confidential in accordance with legal and service guidelines.

Name	
Contact	
Email	
Emergency Contact/Relationship	

PARTIES	**FIRST NAME**	**LAST NAME**	**SUBURB/D.O.B**
Residential Parent:			
Contact Parent:			
Child/ren: **1.**			
2.			
3.			
4.			

Solicitor for Residential Parent: **Firm:** **Email:**	
Solicitor for Contact Parent: **Firm:** **Email:**	
Solicitor for Child/ren: **Firm:** **Email:**	
Child Protection Practitioner: **Region:** **Email:**	
Next Court Date:	
CIC or Family Report Date:	

Please confirm whether the following apply to you or the other parent:			
	Residential Parent	**Contact Parent**	**Child/ren**
Is your address disclosed?			
Have you previously engaged with a contact service			
Intervention Order			

Nationality			
Interpreter required			
Has your solicitor discussed supervised contact with you			
Have you read and fully understood the Parent Manual			
Last contact with child/ren			

Q1	**Please advise of a contact location and surrounding suburb that will be proposed for supervised time. *Please note this is a proposal until approved by FCS once the intake process is complete.***
A1	
Q2	**Although the orders/agreement may specify a certain day/time for contact, the parents need to provide other availability, noting the service would try and accommodate the preference indicated in the court orders. Please state below your availability on weekday and Saturday and Sunday**

A2	
Q3	**What do you understand about the requirements for supervised contact?**
A3	
Q4	**What goals do you hope to achieve through supervised contact?**
A4	
Q5	**How often has contact been ordered/agreed on and for how long on each occasion?**
A5	

Q6	**What events or circumstances led to supervised contact?**
A6	
Q7	**How would you describe the child/ren's personality?**
A7	
Q8	**Prior to separation, how involved was the other parent in the care of the child/ren?**
A8	

Q9	**How would you say the child/ren are coping with the separation and not seeing the contact parent?**
A9	
Q10	**Leading up to separation, can you please say what took place between yourself and the other parent that the child/ren were exposed to? i.e., verbal abuse, physical abuse, arguing, yelling, shouting, throwing of objects?**
A10	
Q11	**How do you think the child/ren will feel about seeing the contact parent?**
A11	

Q12	**If the child/ren refused contact, or requested to leave contact early, what would you want your contact supervisor to do?**
A12	