

Application for use of the  
**careHouse Family Visitation Center**

**3700 Golden St. Evans, CO 80620 Ph: 970-356-6751 ext. 20 FAX: 970-506-2726**

Both parties must return this application, and a copy of any court orders, a minimum of 7 business days before your requested visit date. Please read and keep the attached policies and procedures.

• **Custodial parent** • **Visiting parent** • **Foster parent** • **Other**\_\_\_\_\_

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

(Optional for United Way Statistics Only: Ethnic Origin: \_\_\_\_\_)

**DRIVERS LICENSE #:** \_\_\_\_\_ **S.S.#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT :** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ATTORNEY:** \_\_\_\_\_ **CASEWORKER:** \_\_\_\_\_

**NAME OF OTHER PARENT/PARTY:** \_\_\_\_\_

<b>NAME OF CHILDREN:</b>	_____	<b>DOB</b>	_____
	_____	<b>DOB</b>	_____
	_____	<b>DOB</b>	_____
	_____	<b>DOB</b>	_____

**IS THERE A RESTRAINING ORDER?** \_\_\_\_\_ **Case #** \_\_\_\_\_

(a copy must be provided with application)

**HAVE CRIMINAL CHARGES BEEN FILED?** \_\_\_\_\_ **Case #** \_\_\_\_\_

(a copy must be provided with application)

**WHY ARE SUPERVISED VISITS NEEDED?** \_\_\_\_\_

\_\_\_\_\_  
**WHEN ARE YOU AVAILABLE FOR A VISIT/EX?** \_\_\_\_\_

\_\_\_\_\_  
**WHO IS RESPONSIBLE FOR PAYMENT?:** \_\_\_\_\_

(if no one is court ordered, agreement must be reached before first visit)

**CONCERNS OR SPECIAL INSTRUCTIONS?:** \_\_\_\_\_

**CUSTODIAL PARENT ONLY: Other Adults Allowed to Transport Children:**

\_\_\_\_\_ **phone** \_\_\_\_\_  
\_\_\_\_\_ **phone** \_\_\_\_\_  
\_\_\_\_\_ **phone** \_\_\_\_\_