



COMMON GROUND

A Sandbox Family Solutions Program

Information

Name:

Full Address:

City & Postal Code:

Phone Number:

Email Address:

Date of Birth:

Spoken Language(s) at Home:

Preferred Method of Contact: ___ Phone ___ Email

Vehicle information including make, model, year, and colour:

Custodial party's full name:

Custodial party's phone number:

Custodial party's email address:

Who will be responsible for service fees?

Custodial Party

Non-Custodial Party

Joint (Custodial and Non-Custodial Party)

Other

Arrangement yet to be finalized

Legal Representation

Lawyer's Full Name:

Lawyer's Law Firm:

Lawyer's Phone Number:

Lawyer's Email Address:

Custodial Party's Lawyer's Full Name:

Custodial Party's Lawyer's Email Address:

Information about Child(ren)

Full Name:

Gender:

Age:

Date of Birth:

Spoken Language(s):

Medical Conditions or Special Needs:

Medications or Interventions Required:

Full Name:

Gender:

Age:

Date of Birth:

Spoken Language(s):

Medical Conditions or Special Needs:

Medications or Interventions Required:

Full Name:

Gender:

Age:

Date of Birth:

Spoken Language(s):

Medical Conditions or Special Needs:

Medications or Interventions Required:

Full Name:

Gender:

Age:

Date of Birth:

Spoken Language(s):

Medical Conditions or Special Needs:

Medications or Interventions Required:

Emergency Contact for Non-Custodial Party

For when you're not able to be reached at a visit

Emergency Contact Full Name:

Emergency Contact Phone Number:

Supervised Visit Details and Documentation

Is there a court order, endorsement, or written agreement? If yes, please provide a copy with this form.

Yes

No

Pending

Are there any pending or confirmed criminal charges or bail conditions? If yes, please provide details below.

Yes

No

Is there a restraining order or no-contact order in place? If yes, please provide details below.

Yes

No

Is there an agreed upon plan for the supervised visits? If yes, please provide details below.

Yes

No

Is Ottawa Children's Aid Society or another Child Protective Agency involved? If yes, please provide details below.

Yes

No

What is your availability for supervised visits? *We offer visits in the following shifts: 9am -12pm, 1-4pm, 5-8pm OR 4-7pm with the option to have full day visits as well.*

9am -12pm	1-4pm	4-7pm	5-8pm
Monday	Monday	Monday	Monday
Tuesday	Tuesday	Tuesday	Tuesday
Wednesday	Wednesday	Wednesday	Wednesday
Thursday	Thursday	Thursday	Thursday
Friday	Friday	Friday	Friday
Saturday	Saturday	Saturday	Saturday
Sunday	Sunday	Sunday	Sunday

Are you looking for in office, in community, or in home visits? Check all that apply.

Not all options may be available at this time.

- Office
- Community
- Home

Family History

Have you or the other parent ever dais there is a concern about family violence? If yes, please provide details below.

- Yes
- No

Has a request for a protective (restraining) order been filed by either Party against the other Party in the past five years? If yes, please provide details below.

Yes

No

Do you have any concerns about the safety of the child(ren)? If yes, please describe below.

Yes

No

Do you have any concerns about your safety when you are around the other Party? If yes, please describe below.

Yes

No

Do you have any concerns about substance use (drugs, alcohol, or prescription) by the other Party? If yes, please provide details below.

Yes

No

Are there any mental health issues impacting the other Party or child(ren)? If yes, please provide details below.

Yes

No

Is there a written report of suspected or substantiated abuse by the other Party? If yes, please provide details below.

Yes

No

Have there been any attempts (successful or not) on your end or the other Party to withhold or apprehend the child(ren) without consent from the other Party? If yes, please provide details below.

Yes

No

What is your understanding of the need for supervised visits? Please describe below.

When is the last time you and your child(ren) were together? Please provide details below.

Please provide any additional information you feel would be helpful to fostering a positive experience for your child(ren):

How did you hear about us?