



Supervised Access Registration Form

Registration Date: _____

Please indicate your role:

Service Requested: Visits Exchanges

Residential Party ____

Visiting Party ____

Location Requested: Burlington __ Milton __

Name of Applicant: _____

Name of the other party: _____

Your Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Email: _____

Languages Spoken: _____

Special Needs: _____

Child Protection Agency Involvement:

Yes No

Previous Involvement but File Closed

In Process of Closure

Voluntary

Child/Children Information:

1. Name: _____

Date of Birth: _____

2. Name: _____

Date of Birth: _____

3. Name: _____

Date of Birth: _____

4. Name: _____

Date of Birth: _____

5. Name: _____

Date of Birth: _____

Office of the Children's Lawyer Involvement? Yes No

Has custody been determined? Yes No If yes, who has custody: _____

Reason for Referral: _____