



## 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: \_\_\_\_\_