Supervised Parenting Time Application Form

Registration Date: _____

Service Requested: ☐ Visits ☐ Exchanges ☐ Virtual

Location Requested: Burlington __ Milton __

Name of Applicant:_____

Name of other Party_____

Please Confirm Your Role
Unsupervised Party___
Supervised 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

Where is the child living/who is the primary decision maker?_____

Reason for Referral: _____

_____

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Please complete and send to sball@thrivecounselling.org

A $25 application fee is required and can be e-transferred following the instructions below

E Transfer Steps For Supervised Parenting Time Fees

1. Go to your online bank account.
2. Select e-transfer option
3. Send transfer to info@thrivecounselling.org. If you send the e-transfer to this address It will be deposited automatically and no password is required
4. Please put your full name (first and last) in the comment box and indicate what you are paying for… Application fee, annual service fee, observation notes, cancellation fees

Please make sure to enter this information in the comments section of the e-transfer page so we are able to tell who and what the payment is for.

You will receive confirmation of payment by email from your financial institution once the transfer is accepted by Thrive.