



GUARDIANS OF HOPE APPLICATION FOR SERVICES

Residential Parent

To type, click the grey box and enter the information then tab over to the next box. Otherwise, print the document and write your information and sign the form.

Offsite: OR Onsite: Group Visitation Private Visitation

| | | | |
|---------------------------------|---|---------------|----------------|
| Name: | | DOB: | |
| Cell Phone: | | Home Phone: | |
| Address: | City: | TX | Zip Code: |
| Email: | | Fax Number: | |
| SSN: | DL#: | | |
| Vehicle Make and Model: | | Color: | License Plate: |
| Employer: | | Work Phone: | |
| Emergency Contact: | | Phone: | |
| Attorney's Name: | | Office Phone: | |
| Attorney's Address: | | City: | TX Zip: |
| Attorney's Email: | | Fax: | |
| Non-Residential Parent's Name: | | | |
| Cell Phone: | | Home Phone: | |
| Non-Residential Parent's Email: | | | |
| Child(ren)'s Name(s) | M/F | Age | DOB |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | |

| | | |
|---|--------------------|-----------------|
| Child(ren)'s Medical Needs: | | |
| Allergies to Food, etc.: | | |
| Amicus/Ad Litem Name: | | |
| Office Phone: | Cell Phone: | Fax No.: |
| Email: | | |
| Child's Therapist's Name: | | Fax No.: |
| Therapist's Phone: | Email: | |
| Forensic Psychiatrist's Name: | | |
| Forensic Psychiatrist's Phone No.: | Email: | |
| Reason(s) for supervised visitation or other pertinent information pertaining to visitation: | | |
| Person Responsible for Payment: | | |
| Proposed Visitation Schedule: | | |

By signing this Application for Services I agree to use Guardians of Hope for exchange or visitation services.

Signature of Residential Parent/Guardian

Date

Printed Name of Residential Parent/Guardian

Guardians of Hope, 2211 Rayford Rd., Ste. 111 #22, Spring, TX 77386, Office:713.542.1110/Fax:281.350.9373