

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
7320 State Rd 52  
Hudson, Fl 34667  
727-857-7841

**Pinellas Location**  
Director: Dr. Tina White  
1421 Court Street  
Clearwater, Fl 33756

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## Client Information Visiting Parent (Please Print Legibly)

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone (HM) \_\_\_\_\_ (Cell) \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Picture I.D. type: \_\_\_\_\_ number: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ethnic Identity \_\_\_\_\_

Car Make \_\_\_\_\_ License Plate Number \_\_\_\_\_

Present Marital Status (circle one)    M        S        D        W

What is your relationship to the child's other biological parent? \_\_\_\_\_ Married  
\_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Never Married  
\_\_\_\_\_ Other: \_\_\_\_\_

How long has it been since you have seen your children? \_\_\_\_\_

Why do you feel that supervised visitation has been ordered?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other information that would be helpful to the Visitation Center?  
\_\_\_\_\_  
\_\_\_\_\_

Children's Names	D.O.B.	Special Needs	Relationship to Child	Gender	Last 4 digits of SS #	Race

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### EMERGENCY CONTACT (friend/relative):

*\*\*You must provide at least one local name, address, and phone number. We will be contacting this party if we are unable to reach you, please inform this party.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (HM) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### LAW ENFORCEMENT:

Have you ever been arrested? Yes \_\_\_\_\_ (Please list the Year/Charges/Outcome) No \_\_\_\_\_

1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_  
5) \_\_\_\_\_ 6) \_\_\_\_\_

Is there or has there ever been an Injunction for Protection in place? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ filed against \_\_\_\_\_ on \_\_\_\_\_  
(Petitioner) (Respondent) (Date)

Is the Injunction for Protection indefinite? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, when does it expire? \_\_\_\_\_

Have you been arrested for violation of IFP? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date/times/places: \_\_\_\_\_

Are there any allegations of domestic violence involved in this case? Yes \_\_\_\_\_ No \_\_\_\_\_

Has there been a Guardian Ad Litem appointed to the case? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have an Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Do you have a Doctor? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_



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## Visit Rates

Supervised Visitation with Restrictions	\$45.00 per hour
Supervised Visitation with No Restrictions	\$25.00 - \$35.00 per hour
Supervised Visitation: Court declared client indigent	\$10.00 per hour
Supervised Visitation Exchange	\$10.00 per exchange

***WE ACCEPT ONLY CASH OR MONEY ORDER.***

### Rules of Payment:

1. An agreement must be reached, prior to the first visit, as to which parent will make payment and how payment will be made for each visit.
2. Violation of this agreement will immediately terminate the privilege of a visit.
3. Any court order requiring a visit with other payment methods being established will be honored.
4. Payment must be made upon arrival by the designated parent unless otherwise arranged prior to visit.

*I, \_\_\_\_\_, agree to be responsible for the payment of the supervised visit. I will pay according to the above rates. I also understand that my privilege to visit will be revoked if I fail to comply with this agreement. Clients who do not call or show to an arranged visit will still be required to pay for the visit.*

\_\_\_\_\_  
Signature of Designated Parent

\_\_\_\_\_  
Date

**FOR STAFF:**

Service Requested:    With Restrictions    No Restrictions    Indigent    Monitored Exchange

Designated Fee \$ \_\_\_\_\_                      ECA Pays \_\_\_\_\_

Approved: \_\_\_\_\_

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### Program Rules

#### Here at the visitation center

- Please arrive 15 minutes prior to your appointment and depart 15 minutes after your appointment
- No bashing of the other parent will be tolerated at any time either to staff or children.
- Do not make promises to your child.
- Do not bring any relative, friends, or children into the visitation center unless previously approved by the Director.
- Visits are over at scheduled times.
- Residential parents will be required to leave the area immediately upon dropping off and picking up child(ren).
- Use of alcohol or nonprescription drugs is prohibited.
- No guns, knives, or other weapons on premises.
- Gifts must be unwrapped and cards unsealed for inspection by visitation staff.
- Please make sure that you bring healthy food or snacks to your visit.
- All food brought into the center must be previously approved by director or administration.
- No smoking on premises.
- No profanity.
- No corporal punishment permitted. Please ask the staff if you need help interacting with your child.
- Visiting Parent is to bring playthings, diapers, prescribed medication, etc.
- Family must stay together during visit.
- Do not bring animals or pets to the visitation center.
- Do not bring cellular phones, cameras of any kind, or paging devices into the Pasco County Family Visitation Center building unless approved in advance by the Director.
- No photography or videotaping is allowed unless approved by administration. Monitor will maintain custody of camera at all times.
- Please do not bring toy guns, water guns, or other toys of a violent nature.
- Do not discuss the allegations in your legal case with the children or staff during visitations.
- Do not tell your children about plans for future visitations or living arrangements outside of the Program.
- No whispering. The visit monitor will be with the child and visiting adult at all times, even in the bathroom.
- The visiting adult must remain in the visit room for 10-15 minutes after the visit and leave the room when notified to do so by Program staff.
- A visit may be permanently terminated if either parties have (2) or more unexcused absences
  - All absences must give a 24 hour notice
- After (1) critical incident report the responsible party will be on probation and can have visits terminated at any time for any reason.
- The Pasco County Family Visitation holds the right to terminate visitation permanently at any time if we feel we cannot properly provide the needed services or properly protect the children, staff, or other visitors.
- Visits will be cancelled for the day if:
  - If the visiting parent did not confirm by noon the day prior to the visit or unless otherwise specified by staff
  - The child becomes ill.
  - The child cannot be comforted after 30 minutes.
  - One of both of the clients has failed to comply with the visitation agreement, the directives of the visit supervisor, or the court's order of referral.
- A visitation supervisor shall have the sole discretion to withhold the presentation of any inappropriate item or gift from noncustodial parent to the child.
- Payment is required at the beginning of each visit.
  - Ability to pay is determined by the court, all others are required to pay in full at each visit.

***Because each case is different, there may be additional rules designed to protect the child in a given case. These will be discussed with the parent prior to visitation.***

I hereby acknowledge that I have read or had read to me the above rules and I understand them.

\_\_\_\_\_  
Signature of Visiting Adult

\_\_\_\_\_  
Date

**Copy for Client - Administration Initial**

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## Emergencies and Holidays

### Hurricanes, Natural or Unnatural Disasters

In the case of a hurricane, natural or unnatural disaster, the visitation center will be closed when Pasco County Public schools are closed. If you have any questions or concerns as to whether the visitation center is closed, please call and listen to voice mail message.

### Recognized Holidays

The following holidays are recognized by The Pasco County Family Visitation Center. If any of these holidays fall on a day that the visitation center provides visits the center will be closed. There can be exceptions depending on the yearly calendar. There may be other holidays that are not listed below, which the visitation center may also be closed. Please contact the visitation center if you have any questions on whether we are closed for a certain holiday or not.

New Year's Day  
Martin Luther King's Birthday  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Day after Thanksgiving & following Saturday  
Christmas Day  
Day after Christmas

If you have any questions or concerns on whether a The Pasco Family Visitation Center is closed, please contact our office at 727-376-7733 X135. If the visitation center is closed on normal visitation day, there will be voice message listing the reasons that we are closed.

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### Waiver

In exchange for the benefits extended by The Visitation Center in providing supervised visitations or monitored exchanges for myself and my child(ren), I agree to the following. I understand that the use of The Visitation Center for supervised visitation or monitored exchange is a privilege and not a right. In order to take advantage of this privilege which has been extended to me, I agree to comply with the rules and regulations of The Visitation Center and agree to the following:

1. I agree that a representative from The Visitation Center may report directly back to the Judge who has ordered the supervised visitation or monitored exchange or who is otherwise assigned to my case.
2. I agree that a representative of The Visitation Center may report directly back to the Judge without notice to me, regardless of the hearsay nature of The Visitation Center representative's written or verbal report. No hearing will take place without notice to me at the address I have supplied on my intake form.
3. I agree that The Visitation center may communicate with attorneys, counselors, Guardian Ad Litem, or caseworker regarding my visits.
4. I agree to be searched by the law enforcement officer or The Visitation Center staff upon arrival and at all other times on The Visitation Center premises to be certain I have no weapon or other dangerous item. I understand that no weapons or prohibited items of any sort are permitted. If any weapons or contraband are found on my person, I will be subject to prosecution and will immediately lose my privilege to use The Visitation Center for supervised visitation or monitored exchange.
5. I agree to follow all rules and regulations of The Visitation Center and agree to follow all instructions given to me by workers at The Visitation Center.
6. I agree that if I violate either the terms of this waiver or the rules and regulations of The Visitation Center that my privilege to use The Visitation Center may be withdrawn without any regard to any proof of substantial change in circumstances.
7. I agree that my visitation may be terminated for noncompliance with this Waiver or noncompliance with the rules of The Visitation Center until further Court Order.
8. I agree that any rights which I waive in this agreement are subordinate to the best interest of all the children who are served by The Visitation Center.
9. I am aware that all of my interactions inside the doors of the visitation center are audio and video recorded and can and will be used in court, staffings or any other meetings that may be deemed appropriate by Visitation Center staff. Case Managers and Guardian Ad Litem may view my visits remotely via these recording devices with or without my knowledge.
10. I understand that no confidential privilege exists regarding the records of the visitation center.

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Parent Signature

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Date

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Dear Sheriff Gee,

Pursuant to Chapter 435, F.S. Pasco County Family Visitation Center requests a local law record check on the applicant below:

Name:

D.O.B.:

Social Security Number:

Race:

Sex:

Please document the findings and kindly return to:

Family Partnerships  
Pasco County Family Visitation Center  
7320 State Road 52  
Hudson, Fl 34667

OR

familypartnerships@gmail.com

Sincerely,

Dawn Dasilva  
Pasco Operations Manager  
Family Partnerships



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Dear Sheriff Nienhuis,

Pursuant to Chapter 435, F.S. Pasco County Family Visitation Center requests a local law record check on the applicant below:

Name:

D.O.B.:

Social Security Number:

Race:

Sex:

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Sincerely,

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Sex:

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Sincerely,

Dawn Dasilva  
Pasco Operations Manager  
Family Partnerships

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Dear Sheriff Gualtieri,

Pursuant to Chapter 435, F.S. Pasco County Family Visitation Center requests a local law record check on the applicant below:

Name:

D.O.B.:

Social Security Number:

Race:

Sex:

Please document the findings and kindly return to:

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Pasco County Family Visitation Center  
7320 State Road 52  
Hudson, Fl 34667

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familypartnerships@gmail.com

Sincerely,

Dawn Dasilva  
Pasco Operations Manager  
Family Partnerships