

ACCESS & VISITATION (A&V) PROGRAM APPLICATION

I. Applicant's Information

I am interested in the following services (Please select one or both):

Mediation Services

Child Visitation Services

Applicant's Name: _____

Applicant's Parent Status: Custodial Parent Noncustodial Parent

D.O.B.: _____ Gender: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Who referred you to the A&V Program?: Self Court Child Support Office

Other: _____

Is a lawyer representing you for your child support case? Yes No

If you have a lawyer for your child support case, please let the Child Support Enforcement Division (CSED) & the A&V Program know IMMEDIATELY. Our office must speak to your attorney – NOT TO YOU – unless your attorney provides written permission for our office to speak directly to you.

If we do not have authorization from your attorney, we will not be able to discuss your case with you unless your attorney is present.

For Office Use Only:

Intake Date: _____

Open Date: _____

Reject Date: _____

Closure Date: _____

Rejection Reason: _____

Closure Reason: _____

(a) No child support case with paternity established

(g) No contact with Parent

(b) Parent/Child do not live on Guam

(h) DV/SA/Child Abuse

(c) Parent does not agree to A&V Services

(i) No Parent Cooperation

(d) Incomplete A&V Application

(j) Other: _____

(e) Children in foster care/living with non-parent/in juvenile case

(f) Prior or Pending Visitation Order

A&V Case No.: _____

Indicate your race and current income level by checking the appropriate box below:

Race:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Am. Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> Hispanic or Latino | |

Income:

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,000 to \$19,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$30,000 to \$39,999 |
| <input type="checkbox"/> \$40,000 and above | <input type="checkbox"/> Unemployed |

Indicate your current relationship with the other parent and your relationship to the child(ren) by checking the appropriate boxes below:

Relationship of Parents:

- | | |
|--|---|
| <input type="checkbox"/> Never married to each other | <input type="checkbox"/> Married to each other |
| <input type="checkbox"/> Separated from each other | <input type="checkbox"/> Divorced from each other |

Relationship to the Child(ren): Mother Father

Does the child(ren) live with you? Yes No

If No, where and with whom? _____

II. Other Parent's Information

Name: _____

D.O.B.: _____ Gender: _____

Physical Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

III. Child/Children's Information

1. First Child

Name: _____ D.O.B.: _____

Physical Address: _____

Is there an existing child support case with paternity established? Yes No

Is there a prior, existing or pending court order for visitation? Yes No

What is the current visitation schedule? _____

Is the child in foster care? Yes No

Is the child living with a non-parent? Yes No

Does the child have a juvenile court action? Yes No

2. Second Child

Name: _____ D.O.B.: _____

Physical Address: _____

Is there an existing child support case with paternity established? Yes No

Is there a prior, existing or pending court order for visitation? Yes No

What is the current visitation schedule? _____

Is the child in foster care? Yes No

Is the child living with a non-parent? Yes No

Does the child have a juvenile court action? Yes No

(For additional children, request for Additional Children Form)

IV. Domestic Violence, Sexual Assault and Child Abuse Screening

The following questions are intended to address any possible history of domestic violence, sexual assault and child abuse involving you, the other parent and the children. This is part of the case opening process and will only take a few minutes. This is being done for safety purposes.

1. Do you believe there are safety concerns between you and the other parent?
 Yes No

Additional Comments:

2. Have you or the other parent asked for an order of protection or a restraining order against each other?

Yes No

Additional Comments:

3. Has a court ever told you to stay away from the other party or told the other party to stay away from you?

Yes No

Additional Comments:

4. Has the other parent ever harmed or threatened you, your pets or your property?

Yes No

Additional Comments:

5. Have you ever harmed or threatened to harm the other parent, their pets or their property?

Yes No

Additional Comments:

6. Has the other parent ever used any of the following behaviors to hurt you?

Yes No

Verbal/Emotional: (describe) _____

Physical: (describe) _____

Sexual: (describe) _____

Stalking: (describe) _____

7. Have you ever called the police due to the other parent's violence/threats?

Yes No

If Yes, what was the outcome?: _____

8. Has the other parent harmed your child(ren) or made threats to do so?

Yes No

If Yes, what were the threats?: _____

9. Do you have safety concerns in regards to the child support process?

Yes No

Pls. describe: _____

10. Do you have any concerns about the safety of the children?

Yes No

Pls. describe: _____

11. Are there any allegations of past or present emotional, physical or sexual abuse or neglect of the children? Yes No

Pls. describe: _____

If Yes, what is the nature of the allegation(s)?

If Yes, have the allegations been investigated?

What was the outcome of the investigation?

12. Have your children ever been taken into protective custody by the police, Child Protective Services or the court? Yes No

If Yes, please explain
briefly: _____

13. Does your contact information (address/phone numbers) need to be protected? Yes No

If Yes, please explain
briefly: _____

I have read and completed the application and attest that the foregoing information is true and correct to the best of my knowledge and understanding. I understand that any allegation or history of domestic violence, sexual assault or child abuse will result in my case being closed immediately as it pertains to the A&V Program. I further understand that failure to cooperate with the A&V Program will not have any impact on my child support case and that case will remain active. I understand that the A&V Program will not pursue enforcement or modification of a current or past visitation order. I understand that I have the right to obtain (at my own expense) legal counsel on the issue of custody or visitation at any time. I further understand that CSED attorneys represent the Government of Guam and do not represent me. I understand that submission of my application does not guarantee that the A&V Program will provide any service whatsoever other than to review my application for any possible actions that can be taken by the Program.

Signature of Applicant _____

Date: _____

NOTICE REGARDING REPRESENTATION BY AN ATTORNEY

YOU MAY REPRESENT YOURSELF IN YOUR CHILD SUPPORT CASE – THERE IS NO REQUIREMENT THAT YOU HAVE A LAWYER FOR YOUR CASE. YOU MAY DECIDE AT ANY TIME TO HAVE AN ATTORNEY REPRESENT YOU. WHETHER YOU HAVE AN ATTORNEY REPRESENT YOU IS ENTIRELY YOUR DECISION.

ARE YOU REPRESENTED BY AN ATTORNEY FOR YOUR CHILD SUPPORT CASE?

_____ NO

_____ YES. Name of your attorney: _____

Print Name

Signature

Date

If you have a lawyer for your case, please let the Child Support Enforcement Division (CSED) and the Access and Visitation (A&V) Program know IMMEDIATELY. Our office must speak to your attorney – NOT TO YOU – unless your attorney provides written permission for our office to speak directly to you.

If we do not have authorization from your attorney, we will not be able to discuss your case with you unless your attorney is present.

RECEIVED BY:

Employee Name and Initial

Date