NORTHSTAR FAMILY CONNECTIONS INC.
SUPERVISED VISITATION
www.northstarfamilyconnections.com

1002 10th St. W #1
Billings, MT 59102

Phone Numbers

Intake Agenda and Checklist

We provide a neutral, stress free, safe and child-friendly environment for children to be able to initiate, to reunite in, or to continue a relationship with non-custodial parents.

1. **Please fax or email the following items for the Intake Meeting**:

   ___ All Intake Forms in this packet
   ___ Copy of Photo ID of yourself and anyone you would like to be able to pick-up or drop off your children
   ___ Court Order, Stipulations, or Legal documents which pertains to Supervised Visitation, time sharing or exchanges
   ___ Your attorney's contact information
   ___ Any additional information you believe would be helpful to NFC staff in order to provide safe and effective visitation

   info@northstarfamilyconnections.com

2. **Review Case History and needs with parents**: this includes discussion of why services are needed, what services we can provide and the family dynamics that are important for us to know.

3. **Review forms and policies**: NFC staff will review each submitted form with you, explaining its contents and clarifying any sections that require your signature or additional information. To help us serve you more efficiently, please complete your forms before arriving. This will speed up the intake process and ensure everything is in order

   Forms: Intake Packet, Release of Information, Fee Agreement, Child Information Papers, Court Papers, Emergency Procedures, Child Health and Allergies, Personal History and Policies and Procedures

4. **Establish a time-sharing plan**: A plan for the first appointment is discussed and scheduled that includes the date and time for the visitation, persons permitted at the visit, and any possible activities planned at the visit. Payment for visit is due at scheduling.

5. Your child will have a separate meeting to become familiar with the location and staff where visitations will occur. Please note that your intake meeting is not appropriate for children to attend. **However, if a family member would like to bring your child for the last 5–10 minutes of your intake meeting, that is also an option.**

NORTHSTAR FAMILY CONNECTIONS INC.

Intake Application

Supervised Visitation and Exchange

Case Name:_____

Name:_____DOB _____SSN_____

I am the: ___Custodial Parent ___Visiting Parent

I am the: ___ Father ___ Mother ___ Family Member ___Guardian

The best number to reach me at? ____ Cell ____ Home ____ Work

Cell Number _____Leave a message ___ Yes ___ No

Home Number _____ Leave a message ___ Yes ___ No

Work Number _____ Leave a message ___ Yes ___ No

Address: _____

City _____State _____Zip _____

Mailing Address: _____

City_____State_____Zip_____

Email Address:_____

Employer: _____Job: _____

Work address: _____

City_____State _____Zip _____

Work schedule and hours:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri._____ Sat. _____ Sun. _____

Hours:

Supervised Visitation and Exchange

Name of other part(ies) involved:_____

Do you have contact with this person: ___ Yes ___ No

Indicate status of your relationship with your children's guardian or visiting parent:

___Divorce___ Separated___Never Married___Married ___ No Relationship ___ Guardian

Date of Marriage: _____ Date of Separation: _____

Date filed for Divorce _____ Date of Divorce_____

Is there a Step-Parent or Significant other living in the house? ___ Yes ___No

Name of Step-Parent of Significant other: _____

Address (if not in same household) _____

City_____State_____Zip_____

Employer_____

Work Number_____Leave a message___Yes___No

Cell Number _____ Leave a message___Yes___No

Are there Step-Siblings living in the household? ___Yes ___No

Name	Gender	DOB	Age

Supervised Visitation and Exchange

Court Information

Judge Name_____

County _____Phone_____

Your Attorney _____

Address _____Phone_____

Other's Attorney _____

Address_____Phone_____

Children listed in order for Visitation:

Name	Gender	DOB	Age

Additional Information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

NORTHSTAR FAMILY CONNECTONS INC.

LEGAL INFORMATION

1. Estimate how many times you have been to Court concerning visitation disagreements:

   _____

2. Is there a protective order preventing you and the other party from having direct contact with each other? ____Yes ____No **Please supply a copy.**
3. How many times have the police been contacted to enforce the restraining order? _____
4. Have you and/ or the other party ever been convicted of a felony or misdemeanor?

   Me: ____Yes ____No **Other Party: ____Yes ____No**

   Describe _____

   _____

   _____

5. Is there any history of abuse by the other party toward you? ____Yes ____No

   Type of Abuse:

   Physical (slapping, kicking, burning, destroying and/or throwing objects) ____Yes ____No

   Sexual (raping, forcing, threatening sex, sex in the presence of others) ____Yes ____No

   Emotional (humiliating, how often does this happen and describe)

   _____

6. Have there ever been charges filed against you or the other party for physical abuse?

   Me: ____Yes ____No **Other Party: ____Yes ____No**

7. Do you or the other party own any weapons?

   Me: ____Yes ____No **Other Party: ____Yes ____No**

   Have the weapons ever been used or threatened to be used in a dispute? ____Yes ____No

   Describe:

   _____

8. Have the children witnessed any abuse? ____ Yes ____ No

Which child and what did they see or experience?

_____

_____

9. Have your children intervened? _____ Yes _____ No

Describe:

_____

_____

10. Have your children been abused (hit, hurt, or threatened)? ____ Yes ____ No

What type of Abuse did they experience? ____ Physical ____ Sexual ____ Emotional

Describe which child experienced what type of abuse:

_____

_____

11. Have you ever been involved with Child Protective Services (CPS)? ____ Yes ____ No

Describe:

_____

_____

12. Have you or the other party ever threatened, harassed, yelled at, or harmed a judge, attorney, CPS worker, Visitation Supervisor, or Law Enforcement Officer?

____ Yes ____ No

If Yes, please explain:

NORTHSTAR FAMILY CONNECTONS INC.

MEDICAL INFORMATION FORM

This form is to complete when children need medication or have a special dietary requirement that might arise during visitation**. Please complete a separate form for each child**.

Child's Name _____

DOB

Medical Information

☐ This child has no known medical conditions or allergies

☐ Dietary Needs

☐ Peanut Allergy ☐ Asthma ☐ Breathing Problems ☐ Blood Clotting Issues

☐ Fainting ☐ Allergic to Dogs ☐ Wetting Pants ☐ Vomiting

☐ Stomach Upset ☐ Anxiety/Panic ☐ Nose Bleeds ☐ Contagious Disorder

☐ Diabetic ☐ MRSA Infection ☐ Bee / Wasp Stings ☐ Separation / Fears

☐ Other: _____

Condition: _____

Medication or Treatment: _____ Medication or Treatment: _____

Medication Name _____ Medication Name _____

Medication Name _____ Dosages: _____

Frequency and Time to administer: _____

Please write additional medications on back of this sheet

Food Allergies and Special Dietary Needs

Food Allergies _____

Treatment of the Allergies _____

Additional Information _____

Custodial Parent is required to bring any EPI pen or other antidotes to visitation sessions and leave it with us for the duration of the visit for the safety of your child. Forgetting the EPI pen or antidote will result in canceling the visit and the fee will be charged in full to the Custodial parent.

Weather permitting we may have supervised visits outside, please provide, hat, sunscreen, bug repellent is you wish them used during the visit

Pediatrician's Name _____ Phone _____

☐ I authorize NFC to call for emergency medical care for any child since we cannot transport and attempt to notify me at the following number _____ as soon as possible.

During Supervised Visits bottle-fed children will be provided at least one prepared bottle for the visit by the Custodial parent.

Parents Name_____**Signature**_____**Date**_____

NORTHSTAR FAMILY CONNECTONS INC.

ADDITIONAL INFORMATION & AGREEMENT

Health Information

1. Do you personally have any medical conditions that NFC staff should be aware of? ___Yes___No
   Describe _____
2. Do your children have any medical conditions/needs the NFCstaff should know about? ___Yes ___No
   Describe _____
   Is your child also seeing a therapist/counselor or prescriber? ___Yes___No
   RX ___ ___Yes ___No Type: _____ Allergies: ___ Yes___No
3. Substance Abuse History by either party:
   History of drinking alcoholic beverages
   By you: ___Yes___No By the other party ___Yes___ No___I don't know
   History of non-prescription street drugs:
   By you: ___Yes___No By the other party___Yes ___ No___I don't know
   Drug of choice and quantity: _____
   History of prescription drugs:
   By you: ___Yes___No By the other party ___Yes ___ No___ I don't know
   RX _____
   Do you believe that there is a problem currently with drugs or alcohol?
   By you:___ Yes ___No By the other party___ Yes ___ No ___ I don't know
   Behaviors experienced or observed while under the influence: _____
   _____
   Treatment History _____ Sobriety _____
4. Mental Health History/Condition: _____
5. Other Condition or impairment: _____

Custody and Visitation Arrangement

1. Who presently has legal custody of the children?
   ___Guardian ___Father ___Mother ___Joint ___CPS ___Not determined at this time
2. Who presently has physical custody of the children?
   ___ Guardian ___Father ___Mother ___ Joint ___CPS ___ Not determined at this time
   If there are different arrangements for each child please give specifics:
   _____
3. Until today what arrangement were in place between you and the other party for contact/visitation with the children? _____
4. How frequent have the visits been with the children? _____
5. How long have the visits lasted? _____
6. Where have the visits taken place? _____
7. The decision for visitation arrangements was made by or with assistance from:
   ___Counselor or Mediator ___You and ex-spouse/partner ___Attorney/s ___Judge/Court

8. When was the date of the last contact between the visiting parent and the children? _____ _____Who was present? _____

9. What is the understanding of the reason why you were referred to NFC? (mark all that apply)

☐ Domestic violence Allegations or History of violence	☐ Substance Abuse History
☐ Children witnessed abuse	☐ Mental Health History or Instability
☐ Child Abuse allegations	☐ Neglectful or Threatening
☐ Sexual Abuse allegation	☐ Inconsistent or Unreliable
☐ Lack or Access/ Alienation of the children	☐ Poor Parenting Skills
☐ Abduction Risk (threatened or attempted)	☐ Other

10. Have you informed your children of the court order and why you are coming to NFC? __Yes ☐ No ☐
11. What do you anticipate your children's response to coming to Northstar Family Connections? (happy, sad, scared, angry, shy) _____explain _____
12. What can we do to make this a good experience for them? _____
13. We currently only have English speaking staff. If you have another language _____ need you will need to provide an interpreter at your own cost. Will you provide an interpreter? ☐ Yes ☐ No
14. The visit room is not handicapped accessible, will that be an issue for you? ☐ Yes ☐ No
15. The custodial parent entrance is not handicapped accessible if this applies to to you, will this be an issue? ☐ Yes ☐ No
16. We ask that all weapons are left at home, do you agree? ☐ Yes ☐ No
17. We ask that no gum is in use during the visit, and there are no smoke breaks? ☐ Yes ☐ No
18. I am agreeing to supervised visitation and all of the rules and policies ☐ Yes ☐ No
19. I agree to use NFC for supervised visitation. ☐ Yes ☐ No
20. I have the following concerns: _____

AGREEMENT

I hereby agree to participate in supervised visitation provided by Northstar Family Connections, Inc. I acknowledge that **I am required to follow all policies and rules designed to ensure a safe and supportive environment for parent-child interactions.** If I am uncertain about any rule, I will proactively seek clarification prior to taking any action.

I understand that all interactions during visitation sessions will be documented and reported to the Court. These records are observational in nature and are made without judgment or prejudice.

I certify that all the information I have provided is true and complete to the best of my knowledge. I am aware that any misrepresentation or withholding of information may result in the rejection of my application or my dismissal as a client, even if discovered after services have commenced. I acknowledge that, should dismissal occur, the Court will be notified, and this may impact my visitation rights or custody arrangements regarding my children.

I acknowledge and understanding the following terms:

• Northstar Family Connections, Inc. does not make promises or guarantees about supervised visitation outcomes or court matters.

• My client status can be suspended at any time if I, or anyone associated with me (family or friends), are deemed unsafe for the facilities or staff.

• If I am terminated as a client, this decision will be documented, and that documentation may be shared with the Court if needed.

_____

Printed Name Signature Date

_____

Staff Signature Date

NORTHSTAR FAMILY CONNECTIONS INC.

VISITING PARENT AGREEMENT FORM

I _____ understand and agree to comply with the following guidelines while visiting with child (ren) under NFS control:

1. I agree to notify Northstar Family Connections at least 24 hours in advance if I am unable to attend a scheduled visit. I understand that if I fail to provide such notice, I will be responsible for paying the full cost of the scheduled visitation.
2. I agree not to speak negatively about the child(ren)'s custodial or foster parent in front of the child(ren).
3. I agree not to address adult issues, such as court proceedings, with child(ren) or to make promises to the child(ren) about future living arrangements or unsupervised visits.
4. I agree not to question the child(ren) about the whereabouts or activities of their custodial parents or foster parents.
5. I agree not to use drugs or alcohol for at least 24 hours prior to my scheduled visitation with my child(ren). I understand that if there is any suspicion of drug or alcohol use, the visit will be cancelled. Furthermore, I acknowledge that Northstar Family Connections (NFC) retains sole discretion to terminate the visit for any reason and will maintain care and custody of my child(ren) until they are safely returned to the custodial or foster parent.
6. I agree to arrive at the visitation site **at the specified time of arrival** for scheduled visits and leave when the visit has ended.
7. I agree not to bring anyone else to the visit and to ensure that anyone who drives me to the visit leaves the property immediately.
8. I agree not to use physical punishment or profanity with the child(ren) during the visit.
9. I agree not to bring any weapons or items that may be used as weapons to the visit.
10. I agree not to send any correspondence, messages, or other materials to the custodial or foster parents through the child(ren), nor will I give any personal written messages intended for the child(ren).
11. I also acknowledge that violating any part of this agreement may result in the suspension or termination of visitation services provided by NFC staff.
12. I acknowledge that my visitation file is not confidential and that the court, CPS, my attorney, my child(ren)'s attorney, or the Guardian ad Litem (if appointed) may have full access to the file and ongoing visit notes. I also understand that I am responsible for paying all fees required to send these notes to the aforementioned professionals.
13. I agree not to attempt to conceal my conversation with my child(ren) by whispering or by any other means. I understand that all conversations must be clearly audible to the Monitor and conducted in English.
14. I understand that I am responsible for my child(ren)'s behavior during a visit. If I cannot control my child(ren), the Monitor has the authority to terminate the visit.
15. I agree not to take photos or videotapes of my child(ren) during a visit unless there has been pre-arrangement with NFC and the other parent.
16. I understand that Northstar Family Connections (NFC) can end their involvement in my case for any reason, including if I do not strictly follow the scheduled visit times—unless I have a medical necessity and provide proper documentation. I am also aware that, if this happens, the Court will be informed.

_____

Visiting Parent Printed Name Signature Date

NORTHSTAR FAMILY CONNECTIONS INC.

Fees and Fee Agreement

Private Pay Program Fees

*These fees are based on communication with NFC through **EMAIL**. You will need to add $10.00 per visit for phone-based communications if you choose to not use email communications.*

Intake - One Time Fee	$100
Supervised Visitation	
1 – 2 Children	$ 125.00 per hour
3 – 4 Children	$ 150.00 per hour
Parenting Education	
1 hour session	$ 70.00 per hour
2 hour session	$ 120.00 per hour
No Show	Entire cost of Service/Visit
Less than 24 hours Cancellation	Entire cost of Service/Visit
Monitored Exchange – per exchange	$ 45.50 weekends $35.00 week days
Late Fees:	5 minutes or less = $ 10
	6 – 10 minutes = $18
	11 – 16 minutes = $ 25

More than 17 minutes late $ 35, with no further visits scheduled until the case is referred back to court.

Payment Responsibility

Court ordered families are assigned payment responsibility by the court. Other referring agencies may indicate in writing who will be responsible for payment. If the referring agency does not indicate who will be responsible for payment, Northstar Family Connections Inc. will assign financial responsibility. Service will not be provided until a fee agreement is signed by both parties and the initial payment is received.

Cancellations

All cancellations must be made **at least 24 hours in advance** of any scheduled appointment or visitation. There will be no charge for cancellations made with proper notice during business or supervision hours. However, if a cancellation is made with less than 24 hours' notice, the full visitation fee will be charged to the party canceling—regardless of which parent is responsible for visitation costs.

No Show

If a party misses an appointment without notifying Northstar Family Connections (NFC), they will be charged the full fee for the service. Rescheduling depends on NFC's availability and is not guaranteed. After two no-shows without notice, services will be terminated and the referring agency will be notified. Services can also be suspended or ended if payment is not received.

Court Testimony

Northstar Family Connections charges a $200 per hour fee for preparation required for court cases, with a minimum charge of two hours. Observation Monitoring Sheets are prepared and regularly submitted to the Court, and no additional information beyond these sheets is typically provided. As the organization does not make recommendations or interpretive comments regarding visits, court testimony is generally unnecessary.

Payment for Visits

All fees will be paid by **cash, cashier's check, money order or Visa/MasterCard**. Any charge cards being used will need to be in your possession and a separate form filled out for on-going use for the card for regular billing. A 3% credit card fee applies. No personal checks are accepted.

All fees are required one week in advance of the visit. Fees will be paid for each visit when it is scheduled. The first visit fee is due at the Intake visit.

I show my commitment to visiting with my children by consistently paying for my visits in advance to regularly and routinely have contact with them.

My Financial Obligation

By signing, I agree to pay for all services provided by Northstar Family Connections, including any missed appointments, late cancellations, no-shows, penalty fees, or document requests. I am also responsible for any additional court costs, attorney fees, and 35% annual interest on any unpaid amounts. If I do not pay, my services may be terminated, and I will need to pay my balance in full before resuming. Future visits may require advance payment for multiple sessions. I may withdraw from services anytime by providing written notice of my decision to cancel and withdraw. Until official notice is received, I am responsible for all arranged services and fees.

Parent Signature _____Date_____

Staff Signature _____Date_____

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1002 10th St W #1
Billings, MT 59102

Phone

CONSENT FOR RELEASE/EXCHANGE OF CLIENT INFORMATION

Child Name:_____Date of Birth:_____

Child Name:_____Date of Birth:_____

Child Name:_____Date of Birth:_____

Child Name:_____Date of Birth:_____

Name of Parent or Guardian:_____

Name of Other Parent or Guardian:_____

I hereby authorize the following agencies or persons to release to each other and to exchange information from any client records:

____ County District Court, Court that ordered Visitation/exchange, Child Support Court, etc.

____ Client Attorney(s)_____

____ Other Attorney(s)_____

____ EMT/Hospital/ Medical in Emergency _____

____Mediator _____

____ Other _____

This information shall include:

Northstar Family Connections, Inc. **Visitation Center Intake Form**

Northstar Family Connections, Inc**. Visitation and Exchange Summaries of Service**

Northstar Family Connections, Inc. **Visitation and Exchange Visit/Exchange Observation Notes**

Northstar Family Connections, Inc. **Visitation and Exchange Account Information**

Northstar Family Connections, Inc. V**isitation and Exchange Reports and Notifications**

I understand that I am participating in a process that will be enhanced when information is shared freely between the parties listed above in my case. I understand the contents to be released/exchanged, the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information. I understand that this is **not** a medical record and is **not** protected by HIPAA. I hereby acknowledge that this consent is truly voluntary and is valid until such request is terminated in writing to NFC. I further acknowledge that I may revoke this consent at any time and this revocation will result in notification of the parties involved in this case being informed of the revocation. This consent shall expire on the date shown below. I acknowledge that a copy is as valid as the original copy. Valid from

_____to_____.

Parent's Name- Print_____

Parent Signature _____

NORTHSTAR FAMILY CONNECTIONS INC.

GENERAL PROGRAM POLICIES AND PROCEDURES

1. Visitation supervision services are not considered therapy, counseling, or any other professionally licensed services. As such, any records created by Northstar Family Connections (NFC) staff during the course of supervised visitation are not legally confidential. By signing this, I authorize NFC staff to provide copies of any such records to the other parent, their attorney, the courts, Child Protective Services (CPS), or any other authorized representative.
2. NFC staff are mandatory reporters of suspected abuse and serious threats to harm others. If concerns arise, we will make a report based on our observations, but we are not investigators. We simply document and report what we witness, allowing appropriate authorities to handle the investigation. NFC serves all clients, including those referred for sexual abuse cases.
3. NFC cannot start or continue supervised visits if either party has known or outstanding arrest warrants. Visits may only proceed once it has been determined that it is safe to do so.
4. NFC policy prohibits any contact between custodial and visiting parents on or near NFC property before, during, or after supervised visits. Please use the parking area and follow arrival and departure procedures as instructed.
5. NFC staff will not mediate adult matters unrelated to their role. Staff will only transmit child-related information, such as health details, medication, and favorite toys or foods.
6. Scheduled visitations or exchanges at NFC may not be used by either party as an opportunity to serve legal papers.
7. Visitation staff and parents will not talk about any aspect of the case/situation in front of the child.
8. Self Pay Clients: payment for service will be paid directly to NFC in the form of cash, money order, cashier's check or credit card a minimum of 7 days before the visit.
9. We have a no-tolerance policy to lice and their nits in hair. NFC reserves the right to check a child's hair if they have reason to believe the child has lice. Visit will be immediately canceled upon the discovery of lice and nits in a child's hair for the safety of other children and their family.
10. By using NFC's visitation supervision services, parents agree to release NFC and its staff from all claims, except those resulting from intentional wrongdoing. This includes any claims if a visiting parent leaves the site with a child. NFC staff cannot physically intervene but will immediately contact the police in such situations.

I agree that these items have been individually explained to me to my satisfaction and complete understanding

_____ _____

Signature Date

NORTHSTAR FAMILY CONNECTIONS INC.

POLICIES AND PROCEDURES

BEFORE THE VISIT

1. Punctuality is very important. Anyone tardy to visits or pickups will be charged accordingly by the minute. Tardiness is reported to the Court, and repeated violations will result in termination of visits.
   a. If you arrive and find the entry door locked, please do not attempt to use another entrance. Staff will come at your scheduled time to open the door and escort you inside. This policy helps us ensure the safety and security of everyone at our facility.
   b. The visiting parent is required to arrive 15 minutes before the scheduled visitation and must stay until the Supervising Monitor excuses them to leave. If the visiting parent is late, a fee may be imposed and/ or the visit may be canceled. For exchanges, the parent who does not have the child should arrive 15 minutes early.
   c. The Custodial parent is to arrive no earlier than 5 minutes before the scheduled visitation time.
   d. If either parent is late these are the amounts that will be charged: 5 minutes or less $10; 5 – 10 minutes $18; 11 – 16 minutes $25. More than 17 minutes late, no further visits are scheduled until the case is referred back to Court.
   e. A parent is considered late when they arrive any time after a scheduled visit start time. If you are 15 minutes late, the visit is canceled.

2. To cancel visit/exchanges contact NFC at least 24 hours prior to visit. All cancellations by either party made with less than 24 hours notice will be billed at full price to the canceling party.

3. Immediate family members may only have separate visitation sessions if they receive approval from Northstar Family Connections (NFC), the custodial parent, and the child, or if they are specifically authorized on the court papers. Without such approval or documentation, separate visits are not permitted.

4 Failure to meet the requirements of other programs ordered by the court may result in suspension of visits.

5 Gum, tobacco in all forms, drugs, alcohol, and weapons are not permitted on the premises including the entire physical property. Anyone entering NFC premises is subject to a search of their person and bags to ensure they are unarmed.

6 Peanuts: due to the frequency and danger of peanut allergies, NO peanuts or peanut products are allowed on NFC property. If your child is allergic to peanuts please note this on the Health Form for your child. An EPI Pen must be brought to the visit EACH time and given to the Receptionist. It will be placed in a locked cabinet. Failure to bring the EPI Pen to the visit will automatically cancel the visit and the full charge will be incurred by the Custodial parent for the cancellation and another visit will be scheduled for that week to comply with the visit schedule. You may opt to permanently leave an EPI pen at NFC with your child's name on it.

I agree that these items have been individually explained to me to my satisfaction and complete understanding

_____ _____

Signature Date

NORTHSTAR FAMILY CONNECTIONS INC.

POLICIES AND PROCEDURES

DURING THE VISIT

1. Cellular phone usage will not be allowed during the visit. Phones must be left in your vehicle or turned off and placed in the basket designated for them in the room along with your car keys.

2. Unless prior permission has been given by NFC, **NO photos** will be allowed during visitation. No audio or video taping will be allowed. NFC staff will not take pictures for you during the visit. Only pictures of the children provided by the visiting parent are allowed to be brought to the visit. No pictures are allowed to go home with the child unless it is a photograph of only the child. If you wish to take photos, a request form must be submitted.

3. Termination of Visit: NFC Visitation Monitor/Supervisor has the authority to immediately terminate a visit/exchange in the event she/he believes it to be in the best interest of the child/ren to do so. The decision is final, immediate, and non-negotiable; a report will be submitted to the Court.

4. The Monitor/Supervisor's responsibility is to document what occurs during the visit without making any judgments about the quality of the parent-child interactions or the impact of these visits. All parenting tasks—including diaper changing, toileting, discipline, feeding, reading, picking up toys, playing, and interacting—are the exclusive responsibility of the visiting parent.

5. You are responsible to interact appropriately with each child during the visit based on their age and level of functioning. You are welcome to ask your Monitor if you are unsure of your child(ren)'s current developmental level.

6. Staff at NFC are here exclusively to observe and document interactions during your visits. Please understand that staff members are not considered friends, confidants, or personal helpers. Avoid seeking personal information from staff or engaging in off-topic discussions before, during, or after visits. All conversations and behaviors are recorded in Observation Notes to ensure a focused and professional environment.

7. Animals: No pets are allowed on NFC premises. Please inform the staff of any animal allergies your child may have.

8. Gifts: Must be approved two weeks prior to the visit by the Custodial Parent/CPS and NFC. The Gift Form must be completed and submitted to NFC staff allowing for the two week time period for processing. Gifts are allowed to be given to the children on their birthday and celebrated holidays. You may ask the visitation staff for clarification on your specific case. An answer may not be immediately forthcoming depending up on court documents and Custodial Parent /CPS input.

9. If gifts are in the form of money, a maximum of $100 cash or cash card may be given per child in a visit.

10. We do not transfer child support payments or deliver any other paperwork between parents. Our services are limited to supervised visitation and do not include handling financial or legal document exchanges.

    I agree that these items have been individually explained to me to my satisfaction and complete understanding

_____ _____

Signature Date

NORTHSTAR FAMILY CONNECTIONS INC.

POLICIES & PROCEDURES

AFTER THE VISIT

1. If a Restraining or Protective Order is in effect, and the visiting parent departs before being formally excused, the Court will be notified of the violation of the Order.

2. Visiting parents are responsible for restoring the visitation room to its original condition, including picking up toys, cleaning surfaces, wiping tables, and disposing of all trash. Any financial costs resulting from damage to Northstar Family Connections property due to a parent's failure to adequately supervise or parent their child will be the sole responsibility of that parent.

3. Any written reports, letters, or communications—including those with attorneys, therapists, or others—that relate to this case and require more than 15 minutes will be billed at a pro-rated rate of $60 per hour. Charges will be applied to the responsible agency or the parent involved.

4. If either parent requests copies of Observation Notes or asks for notes to be sent to other parties, a fee of $3 will apply. This fee must be paid in cash before any copies are provided or sent.

5. Northwest Family Connections does not handle billing or issue formal statements. All services must be paid for in advance. After your visits, you will receive a printed list detailing the fees you have paid, along with any extra charges incurred during your work with us.

6. After your visit, you will schedule your next appointment and make payment for it before leaving. Payments can also be made online via Venmo. Please bring the exact amount for your visit and for any additional services such as notes, reports, or conferences, as we are unable to provide change. All fees will be paid by cash, cashier's check, money order or Visa/MasterCard. Any charge cards being used will need to be in your possession and a separate form filled out for on-going use for the card for regular billing. A 3% credit card fee applies. No personal checks are accepted.

7. Monitors/Supervisors do not provide therapy or counseling services, nor do we offer crisis counseling after a session. If you have concerns about behaviors or statements made during a visit, you may request session notes, consult with your attorney, and address these matters in court. We are committed to the safety of all children in our care. Any instances of threats, grooming, or exploitation will be taken seriously, and prompt action will be taken to ensure children's protection during sessions.

8. Our primary method of communication with parents is email. Fees are reduced because we communicate via email rather than by phone. Text messaging is reserved strictly for emergencies. We do not normally use our personal cell phones to communicate with parents. Using email enables us to share identical information with both parties and ensures a reliable document trail for future reference. **We will take all necessary steps to keep each parent's email address confidential from the other parent.**

I agree that these items have been individually explained to me to my satisfaction and complete understanding

Signature _____ Date _____