



**PEREZ MOON PEREZ**  
PSYCHOTHERAPY & FAMILY COURT SERVICES

**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**6700 Indiana Avenue, Suite 110**  
**Riverside, Ca 92506**  
**(951)369-9990**  
[monitor@perezmoonperez.com](mailto:monitor@perezmoonperez.com)  
**Trustline ID# 0931500**

**AGREEMENT FOR SERVICES**  
(CP / NCP / Guardian) circle one.

**NOTE: ALL FEES MUST BE PAID IN ADVANCE PRIOR TO STARTING SERVICES.**

Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Contact number #1: \_\_\_\_\_ #2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of minor child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of minor child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of minor child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of minor child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Emergency contact person for parent/child:

Full Name: \_\_\_\_\_

Phone#: \_\_\_\_\_



It is agreed that each PARENT/GUARDIAN and the Professional Provider make every effort to ensure child(ren) and visiting parent have a safe and enjoyable visit. To do so, the following procedures must be followed.

**I AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

• **SCHEDULING**

- a. The day/hour of visitation will be: \_\_\_\_\_.
- b. The frequency and duration of visits will be subject to the court order which is/are: \_\_\_\_\_.
- c. Repeated lateness will result in services being terminated.
- d. A 2-hour minimum is required for all visitation services.

• **FEES FOR SERVICE:**

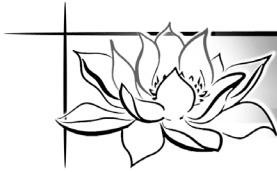
- a. I agree to pay a \_\_\_\_\_ Intake application/Screening fee. I agree to pay \_\_\_\_\_ for each hour of Supervised Visitation, plus related expenses of/during visit (i.e., entrance and/or parking fees, etc.).
- b. If there is more than one child or other visiting persons listed on the court order, or mutually agreed by both parties will result an additional \$ \_\_\_\_\_ per person, per hour.
- c. If there are any entry fees to any of the visiting locations, it is the visiting parents' responsibility to cover the cost for the Professional Provider (parking fees, entry tickets, etc.)
- d. If I, or my attorney have subpoenaed the Professional Provider, and that person is required to make an appearance, I will be charged a flat fee of \_\_\_\_\_ for each day served. **Payable in advance.**
- e. If I call and I am late for the visit, I will be charged **\$2.00** per minute after a 10-minute grace period. If I fail to arrive *after* a 20-minute waiting period, the visit will be cancelled, and a cancellation fee will apply. The **Cancellation fee will be equivalent to the already "Scheduled" visitation** and must be paid upon the next scheduled visit or before a new visit occurs.



- f. If I cancel a visit within a 24-hour period, there will be a **cancellation fee equal to the scheduled visit hour(s)** and must be paid before the next visit begins.
  - g. If Holiday cancellations occur less than one week prior to a scheduled visit, the parent who cancels is responsible for the cancellation fee **equal to the scheduled visit hour(s)**. **Holiday visits have premium rates of Double the standard visit rates.**
    - i. **Holidays:** New Year's Eve, New Year's Day, Christmas Eve, Christmas Day, Thanksgiving Day, Day After Thanksgiving, Easter Sunday, July 4<sup>th</sup>, Memorial Day, Labor Day, Mother's Day, Father's Day.
  - h. **Reports** will be completed upon a verbal or written request by the parent or attorney requesting a report. A **Summary Report** consists of a list of visitation dates/times/locations only. A **Detailed Report** gives a list of visitation dates/times/locations and brief up to specific details of each visit.
    - i. **Any request must be made within the following time frames:**
      1. Summary Report within a 6-10 business day request= \$100.00
      2. Summary report within a 1-5 business day request= \$125.00
      3. Detailed report within a 6-10 business day request = \$150
      4. Detailed report within a 1-5 business day request= \$175.00
      5. Declaration= \$100.00
- **SUPERVISED VISITATION GUIDELINES**
    1. The following procedures must be followed:
      - a. The Professional Provider will be always present during the visit.
      - b. The **Custodial parent** will arrive fifteen (15) minutes prior to the start of the scheduled visit and return five (5) minutes after the visit has ended. Custodial parent and/or designees will be required to leave the area immediately upon dropping off child(ren) and picking up child(ren).
      - c. The **Non-custodial parent** will arrive at the exact hour of the scheduled visit and must leave immediately after the visit has ended.
    2. The child(ren) must be within hearing and eyesight of the visitation monitor at **ALL TIMES**. If the child needs to use the restroom, the monitor will accompany the child. (Detailed explanation to follow during the intake).



3. The following must be avoided:
  - a. Inappropriate touching of the child(ren)s body
  - b. Inappropriate demands for physical contact
  - c. Use of foul language
  - d. Shouting or yelling at ANYONE
  - e. Threat of physical abuse or violence to ANYONE
  - f. Cell phone usage
  - g. Attempts to move child(ren) away from the sight and/or hearing range of the Professional Provider
  
4. In SA (sexual abuse) cases *only*, in addition to the above guidelines, the following should be avoided (2016 CA Rules of Court 5.20):
  - a. (1)Allow no exchanges of gifts, money, or cards;
  - b. (2)Allow no photographing, audiotaping, or videotaping of the child;
  - c. (3)Allow no physical contact with the child such as lap sitting, hair combing, stroking, hand holding, no hugging, wrestling, tickling, horse playing, changing diapers, or accompanying the child to the bathroom;
  - d. (4)Allow no whispering, passing notes, hand signals, or body signals; and
  - e. (5)Allow no supervised visitation in the location where the alleged sexual abuse occurred.
  
5. Parents and/or designees must avoid each other at all times prior to, during and at the end of the visitation.
  
6. There will be no correspondence (e.g. regarding child support) or messages to the other parent by means of child(ren), Professional Provider, etc. It is prohibited to use the visitation, scheduled exchange site, or surrounding areas for the service of court documents.
  
7. Professional Providers will only exchange information in regard to the child(ren)'s medical needs (i.e. medications, dietary needs) or visitation arrangements. Only prescription medication may be sent in pre-measured doses. Custodial and visiting parties are responsible to meet the needs of children while children are in each individual's care. (e.x. diaper bag, baby food, or meals, etc.)
  
8. Parents must not share detailed court information or court documents with the child(ren) or make promises to the child(ren) about future living arrangements, time sharing, or visitation



modifications. Discussions and activities should focus on the present to avoid added pressure and/or disappointment of the child(ren).

9. Parents will not speak negatively about the child(ren)'s other parent and his/her family in front of the child(ren). Concerns should be addressed during office hours.
10. Parents must not question the child(ren) about the other parent's whereabouts or activities.
11. Visit will be terminated if the visiting parent is suspected of being under the influence of any substances.
12. Parents and children must speak English during the supervised visit unless there is a Professional Provider present who speaks a family's native language. Parents must speak loud enough for Professional Provider to hear. No whispering.
13. Phone calls to other individuals are not permitted during the supervised visit. **The use of cellular phones is not permitted during the scheduled visit, unless in emergency situations only.**
14. Weapons or any articles that could be used as weapons are not permitted on the supervised visit.
15. Only individuals listed on the court order or mutually agreed upon by both parties may participate in the visit. Individuals who are authorized by the court to participate in the visitation that do not comply with the Professional Providers guidelines and rules will result in the cancellation of the supervised visitation.
16. Except for late cancellation or inability to arrive on time, all calls are to be placed to the Professional Provider during office hours, Monday to Friday, 9:00am to 6:00pm. and Saturday 9:00am to 1:00pm, closed Sundays. Always feel free to email [monitor@perezmoonperez.com](mailto:monitor@perezmoonperez.com) for fastest response.
17. Photographs may be taken during visits with the prior approval of the custodial parent (not allowed in sexual abuse cases). Photographs should not be taken of Professional Provider.



18. There are to be no changes in the supervised visitation schedule unless approved by the court and/or Professional Provider. Once the day and time has been set, it will be followed on a consistent basis, unless either party requests a change. Changes in the schedule need to be done one week prior to visitation.
19. There shall be no permanent alteration of the child(ren) during visitation without prior approval of the custodial parent. This includes, but not limited to: haircuts, tattoos, body/ear piercing, etc.
20. Non-compliance with any rule or challenging the supervised Professional Provider may lead to termination of services.
21. If medication is needed during visits, the custodial parent (guardian) must provide *written consent* giving the visiting parent permission to administer the medication. Only prescription medication will be accepted in a pre-measured dose.

- **WRITTEN REPORTS AND INFORMATION**

- a. Observation notes will be kept by the Professional Provider during each visit. Professional Provider will also keep a record of all phone calls and other interactions between clients.
- b. I will receive a copy of any report, as well as all parties. (Report fees apply and must be paid in advanced).
- c. If a visit is terminated or if services are terminated for any reason, all parties and the Court will be notified via written notice, which will give reason(s) for the termination.

- **TERMINATING SERVICES**

- a. The Professional Provider reserves the right to refuse, cancel or terminate a visit or all services, if I violate the Agreement for Service or if the Professional Provider feels threatened or if he/she feels that it is not in the best interest of my child(ren) or myself to continue (or accept) my case.

- **CONFIDENTIALITY**

- a. Observation notes will be kept by the Professional Provider during each visit. Professional Provider will also keep a record of all phone calls and other interactions between clients.



- b. No privilege of confidentiality exists between me and the Professional Provider. This includes any communication, whether written, observed or heard between Professional Provider and myself, myself and my child(ren), Professional Provider and child, or myself and other parties.
- c. The observation notes, heard comments, spoken information or any other information will be shared when:
  - i. -Requested by the court mediator, court investigator, or evaluator in conjunction with a court ordered mediation or investigation.
  - ii. -Required by Child Protective Services.
  - iii. -Required by a law enforcement agency.
  - iv. -When a report is requested by either party or their attorney.
- d. In addition, my case file may be reviewed by the court evaluator, mediator, or attorney.
- e. The Professional Provider will keep identifying information such as: addresses, place of work, phone numbers, etc. confidential. This information will not be included in any reports except when ordered by the court, reporting child abuse or to police agencies in the event of abduction.

**NOTE: IF THESE RULES ARE VIOLATED FOR ANY REASON THE VISIT MAY BE TERMINATED. IF THE CHILD BECOMES UPSET AND/OR WISHES NOT TO CONTINUE THE VISIT, THE VISIT MAY BE TERMINATED. IN BOTH CASES, ALL PARTIES WILL BE NOTIFIED. FEES ARE NOT REFUNDABLE.**

This Agreement for Services has been explained to me and I agree to and understand the terms and conditions listed above. I will be given a copy of this agreement. I understand that failure to comply may result in immediate withdrawal of service(s) being offered.

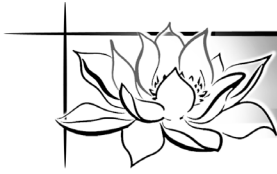
\_\_\_\_\_  
Print Name of Parent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Professional Provider

\_\_\_\_\_  
Date



**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**Privacy Policy**

Guidelines for Supervised Visitation Providers:

As a supervised visitation provider, I will maintain a neutral role by refusing to discuss the merits of the case, or agree with or support one party over another. Any discussion between a provider and the parties should be for that purposes of arranging visitation and providing for the safety of the children during the visit.

A record for each case will be maintained, including but not limited to the following:

- (i) A written record of each contact and visit including the date, time, and duration;
- (ii) Who attended the visit;
- (iii) A summary of activities during the visit;
- (iv) Actions taken by the Provider;
- (v) An account of critical incidents, including physical or verbal altercations and/or threats;
- (vi) Violations of protective or court visitations orders;
- (vii) Any failure to comply with the terms and conditions of the visitation contract; and
- (viii) Any incidents of abuse or neglect as required by law.

Case recordings will be limited to facts, observations, and direct statements made by the parties, not personal conclusion, suggestions, or opinions of the Provider. All contact by the provider in person, in writing, or by telephone with either party, the children, the court, attorneys, mental health professionals, and referring agencies, should be documented in the case file. All entries will be dated and signed by the person recording the entry.

Signature \_\_\_\_\_

Date \_\_\_\_\_





**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**Policy Agreement for Supervised Visits**  
**(Do's and Don'ts)**

**PLEASE READ & INITIAL EACH ITEM AS YOU REVIEW THE FOLLOWING VISITATION GUIDELINES.**

I will not use drugs or alcohol before visiting with my child(ren). I understand that my visit may be cancelled if there is a suspicion that these substances have been used.

I will not use my cell phone during the visitation unless it is an emergency.

I will arrive and depart at the visitation site at the specified time given by the monitor and I understand that I am not allowed to have any in-person contact with the other parent and/or their designees before, during or after the visit.

I will ask for prior approval from the Visitation Monitor and or/any other deemed authority before bringing someone else to visit.

I will not bring any weapons or articles that could be used as a weapon to visits. I understand that the monitor has the right to search for weapons if necessary.

I will not follow or harass another party before, during or after a scheduled visit.

I will not speak negatively about the child(ren)'s custodial parent or foster parent in front of the child(ren).

I will not talk about adult issues, such as court proceedings, with the child(ren).

I will not make promises to the child(ren) about future living arrangements or unsupervised visits.

I will not question the child(ren) about their custodial parent's or foster parent's whereabouts or activities.

I will not send any correspondence (ex. regarding child support) or messages to the custodial or foster parent by means of the child(ren).

I will not use physical punishment or threaten to use physical punishment with the child(ren) during visits.

I will follow the suggestions of the Visitation Monitor during the visit.

I will notify the Visitation Monitor as soon as possible if I cannot attend a visit (cancellation fees may apply).



I understand that breaking this agreement may lead to the termination of visitation services.

I understand that it is Visitation Monitor's obligation to report to the Court, or any representative of the Court of any circumstances that relates to my ability to parent my child(ren) in a safe and positive manner.

I understand that the Visitation Monitor is a mandated reporter and is required by law to report any suspected child abuse to the appropriate agencies. (CPS/ law enforcement)

I understand that written Observation Reports will be provided upon written request by either parent. (All reports fees must be paid in advance.)

\_\_\_\_\_  
Signature of Visiting Parent

\_\_\_\_\_  
Date



**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**FEE SCHEDULE**

**Services Provided:**

- Custodial Parent Intake appointment: \$50.00/hour
- Non-Custodial Parent Intake appointment: \$50.00/hour
- Supervised Visitation, in house (6700 Indiana Avenue, Suite 110 Riverside, CA 92506), by appointment: \$50.00/hour
- Off-site Supervised Visitation, in public location, by appointment: \$60.00/hour
- Additional Child fee: \$15.00/hour

Note: An additional hour will be charged for travel beyond 20 miles of the facility. Custodial parent is responsible for transport of minors.

\*Supervised Visitation \*Supervised Exchanges \*Phone Visitation \*Video Conference Visitation \*All visits have a two-hour minimum.

Experience: CPR/First Aid Certified, High Conflict Custody Cases, Children on Autism Spectrum, Domestic Violence, Substance Abuse, Sexual Abuse, BA in Sociology

**Additional Services:**

- Summary Report within a 6-10 business day request = \$100.00
- Summary report within a 1-5 business day request = \$125.00
- Detailed report within a 6-10 business day request = \$200.00
- Detailed report within a 1-5 business day request = \$250.00
- Declaration = \$100.00
- Deposition/ Testimony available with considerable notice (two weeks). Fees are \$600.00 for half day (8am-12pm) and \$1,200.00 for full day (8am-12pm, 1pm-5pm).

**Please sign that you received this Fee Schedule and understand the contents herein:**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT**  
**(CUSTODIAL PARENT)**

I, \_\_\_\_\_ do hereby authorize the professional Supervised Provider/Monitor to obtain emergency medical treatment for the child(ren), if necessary.

CHILD(REN)'S NAMES

ANY EXISTING MEDICAL CONDITIONS  
OR ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Telephone Number

\_\_\_\_\_  
Parent's Signature

**AUTHORIZATION FOR EMERGENCY CONTACT**  
**(CUSTODIAL PARENT)**

I, \_\_\_\_\_ authorize my emergency contact to be called if the visitation supervisor considers it necessary. I release the monitor from all claims, I assume all risk for claims which may arise as a result of acts or omissions by the following emergency contact person.

Who should be called if you are not available, and an emergency happens?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Custodial Parent

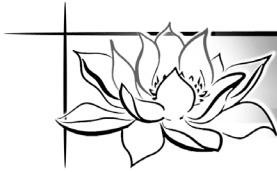
**\*Please attach copy of California Driver's License or photo ID**

Emergency Contact persons are expected to be familiar with rules and procedures, and monitors reserve the right to refuse to work with anyone who is disruptive to visitation services.

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date

Perez Moon Perez Supervised Visits - [monitor@perezmoonperez.com](mailto:monitor@perezmoonperez.com) - (951)369-9990



**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTRATING MEDICATION**

This form must be completed by the physician and the custodial parent and must have their signatures before any medication can be administered. If your physician would like your child to carry an asthma inhaler or EpiPen, part II must be completed by the doctor. \* **All medication must be in premeasured dosage.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
DOB

**I. THIS SECTION TO BE COMPLETED BY PHYSICIAN. (ONLY PRESCRIPTION MEDICATION WILL BE ALLOWED.)**

\_\_\_\_\_  
Name of medication  
Date

\_\_\_\_\_  
Reason for Medication

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Stop

\_\_\_\_\_  
Dosage (\*Specify exact Instructions for administration medication)

\_\_\_\_\_  
Time of Administration

\_\_\_\_\_  
Special Storage Instructions

\_\_\_\_\_  
Print name of physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent Signature

\*\*\*\*SIGNATURE OF PHYSICIAN \_\_\_\_\_ DATE \_\_\_\_\_



**II. THIS SECTION TO BE COMPLETED BY CUSTODIAL PARENT**

1. I give permission for (name of child) \_\_\_\_\_ to receive the above medication during supervised visitation. I understand and agree to allow the non-custodial parent to administer the medication in the presence of the provider. I understand that the provider will not be administering any medication and will only be documenting that the medication was given at the specified time. I understand and agree that the medication must be given directly to the provider in premeasured dosage only.

2. I understand and agree that the provider will not be held responsible for any damages that may occur as a result of this medication nor in the manner in which the medication was given. I agree not to hold the provider liable as a result of any damages that may arise out of these arrangements.

3. I will notify the provider immediately if there is a change in my child's medication.

**SIGNATURE OF CUSTODIAL**

**PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF NON-CUSTODIAL**

**PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**III. PERMISSION TO CARRY ASTHMA INHALERS/ EPIPENS (Part I and II must be completed)**

**TO BE COMPLETED BY THE PHYSICIAN:** The child named above has been instructed in the proper use of their asthma inhaler/ emergency medication (Epipen). The child's well-being is in jeopardy unless this medication is carried on his/her person at all times. Therefore, I request the he/she be permitted to carry the asthma inhaler/ emergency medication during supervised visitation. He/she understands the purpose, appropriate method, and frequency of use of the asthma inhaler/ emergency medication.

NAME OF MEDICATION \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**SUPERVISED VISITATION GUIDELINES**

For Alleged or Known History of Sexual Abuse **only**

I, \_\_\_\_\_ have received a copy of the following rules of conduct, which have been reviewed and explained to me by the Provider. I understand that these rules are included in the California rules of court 5.20 Guidelines for Supervised Visitation which I must sign and agree to abide by as well.

1. I understand that I am not permitted to exchange gifts, money or cards with my child(ren), unless authorized by the Court.
2. I understand that I may not take any photographs, video or audio recording of my child(ren) during visitation.
3. I understand that I must refrain from making any physical contact with my child(ren).
4. I understand that I must limit any physical contact with my child(ren) to a brief hug or kiss on the cheek and only if initiated by my child.
5. I understand that I must discourage excessive and/or inappropriate physical contact which is initiated by my child(ren). If I am unable to do this successfully, I agreed to accept suggestions offered by the Provider.
6. I understand that for the purposes of this agreement that term “physical contact” may include but is not limited to the following activities: sitting, crawling, or climbing on lap / personal grooming, e.g., hair brushing / stroking or patting hair, head, back, arms, etc. / holding or hugging / wrestling, tickling, horse playing, piggyback rides.
7. I understand I may not whisper, pass notes, or exhibit hand or body signals in attempt to communicate with my child(ren).
8. I understand that I am not permitted to change or assist with changing diapers of my child(ren), nor am I permitted to accompany my child(ren) to the restroom.
9. I further understand that breaking this agreement may lead to the termination of visitation services by this Provider.

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Signature of Visiting Parent

Date



**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**TRANSPORTATION AUTHORIZATION AND WAIVER**

Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
My child requires a booster seat: Yes \_\_\_ No \_\_\_ (All children under 8 years of age are required to be in a booster seat or car seat)

I authorize **Perez Moon Perez Supervised Visits** to transport my minor child, driven by an individual, authorized by **Perez Moon Perez Supervised Visits**. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

I have read, understand, and discussed with my child the following procedures:

- (1) My child will travel in a motor vehicle driven by an adult over the age of 21, and my child is to wear their safety belt during travel;
- (2) My child is expected to listen to supervising staff/driver, respect staff, and the vehicle;
- (3) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement:

\_\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I understand that riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and I hereby attest and verify that I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge **Perez Moon Perez Supervised Visits** and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages, or loss that I/ or my child may have, or which may accrue, and arising out of, connected with, or in any way associated with said transportation services.

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Perez Moon Perez Supervised Visits - [monitor@perezmoonperez.com](mailto:monitor@perezmoonperez.com) - (951)369-9990





**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

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

Non-Custodial Parent's Name: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

Please provide the following information. If you have several vehicles, please provide information for each. Thank you!

VEHICLE INFORMATION:

1.) YEAR: \_\_\_\_\_  
MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_

2.) YEAR: \_\_\_\_\_  
MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_

3.) YEAR: \_\_\_\_\_  
MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_



**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**AUTHORIZATION FOR ALTERNATE DESIGNEE FORM**  
**SUPERVISED/MONITORED EXCHANGES**

No one other than the parent will be permitted pick up the child(ren) for visits or exchanges unless the parent designates another person by completing and returning this form.

**DESIGNEE:**

Do you want anyone else to pick up/drop off your child(ren)?     \_\_\_ Yes     \_\_\_ No

If yes, please complete the following and **attach a copy of California Driver's License.**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Relationship to Parent

Designees are expected to be familiar with rules and procedures and monitor reserves the right to refuse to work with anyone who is disruptive to the program.

I authorize my designee to pick up my child(ren). In return for my use of the supervised visits or monitored exchange services, I release the monitor from all claims and assume all risk for claims which may arise because of acts or omissions by my designee.

\_\_\_\_\_  
Signature of Custodial parent

\_\_\_\_\_  
Date



**PEREZ MOON PEREZ SUPERVISED VISITS**  
PROFESSIONAL CHILD VISITATION PROVIDER

**REQUEST TO CHANGE/CANCEL VISITATION**

As stated in your signed "Agreement for Services" visitations have been mandated by the Courts and are set. However, either party can request an emergency change. Emergency changes in the schedule **MUST BE REQUESTED via this form, APPROVED BY BOTH PARENTS WITHIN 24 HOURS PRIOR TO THE VISIT and approved by the Provider.** Any other change must be made **one week prior to visitation** in accordance with the Agreement for Services. All change requests are to be personally submitted to the Provider during office hours Monday to Friday, 8:00 AM to 5:00 PM.

As payment for your visit is due at the time of scheduling, if for any non-emergency reason, you are unable to bring the child/ren or attend a visit with your child/ren, your payment for the session will be considered your cancellation fee. In the case of an emergency and when notice is given to the Provider prior to 24 hours of visit, there is no cancellation fee. However, non-emergency cancellations and when notice is given within less than 24-hour notice, cancellation fees may still apply.

I, \_\_\_\_\_, Custodial Parent (CP) or Non-Custodial Parent (NCP), am requesting that the Professional Supervised Providers Visitation date/time originally scheduled with my child/ren \_\_\_\_\_, for Date: \_\_\_\_\_ Time: \_\_\_\_\_ be changed as follows:

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

REASON: \_\_\_\_\_

Signed by Parent: \_\_\_\_\_ CP \_\_\_\_\_ NCP \_\_\_\_\_

Dated: \_\_\_\_\_

I agree and acknowledge this change: \_\_\_\_\_ I disagree with the change: \_\_\_\_\_

REASON: \_\_\_\_\_

Signed by Parent: \_\_\_\_\_ CP \_\_\_\_\_ NCP \_\_\_\_\_

Dated: \_\_\_\_\_