



Intake Data Sheet
Non Custodial Party
 Harris County Domestic Relations
 Supervised Visitation Program
 1310 Prairie Street, Suite 1030
 Houston, TX 77002
 Ph. (713) 274-7285

1. Case Information Please Print				
Cause Number:			Attorney Name: Phone Number:	
2. Personal Information				
Last:		First:		Middle:
Alias/Nickname:		Date of Birth:		Place of Birth:
Social Security #:		State ID #:		Other Form of ID:
Driver's License #:		State:		State/Country:
Race:	Height:	Weight:	Eye Color:	Hair Color:
Tattoos/Scars:				
3. Contact and Employment Information				
Home Address:		Mailing Address (if different than home address)		City:
Apt. #:		State/Zip:		
Home Phone #:		Cell Phone #:		Alternative Phone #:
Email:		Occupation:		Length of Employment:
Current Employer:		Salary: (Circle) weekly, monthly		
Employer Address:		City:		State/Zip:
Phone #:		Supervisor's Name:		Phone #:
What days do you work? (Circle) Mon, Tues, Wed, Thurs, Fri, Sat, Sun		What hours do you work? From _____ to _____		
4. References				
Significant Other:		If yes, what is the relationship? (Circle) spouse, fiancé, boyfriend/girlfriend		Phone #:
Father/Stepfather:		Address:		Phone #:
Mother/Stepmother:		Address:		Phone #:
Brother/Sister:		Address:		Phone #:
Brother/Sister:		Address:		Phone #:
Other: Relationship: (Circle) relative, friend, co-worker		If "relative," what is the relationship? (Circle) cousin, aunt/uncle, grandparent		Phone #:

Other: Relationship: (Circle) relative, friend, co-worker	If "relative," what is the relationship? (Circle) cousin, aunt/uncle, grandparent	Phone #:
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5. Vehicle

Make:	Model:	Color:
Year:	(Circle) Own, Buying, Leasing Monthly payment _____	License Plate #:

6. Arrests Outside Harris County (Three most recent)

Date	Location	Offense	Outcome

Are you currently on criminal probation or parole (Circle) Yes or No Offense:	Probation/Parole Officer: Phone #:
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7. Military Information

Have you served in the military? (Circle) Yes or No	If "yes," which branch?	Length of Service:	Date and Type of Discharge:
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8. Non Custodial Statement and Signatures

Non Custodial Statement: I have completed this Intake Sheet as part of my DRO Visitation with my child (ren) with the Harris County Domestic Relations Visitation Program. I attest that the information contained herein is true and correct.

Date:	Non Custodial's Signature:	Intake Officer's Signature:
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