



Access and Visitation Application Form

Thank you for contacting the UT SWORPS Access and Visitation Program. **We provide FREE services to Tennessee resident parents** to assist them in focusing on the best interest of their child(ren) by seeking a visitation/parenting time schedule by voluntary agreement or by court order. Services we can assist connecting you with include: Development of Parenting Plans, Non-Therapeutic Counseling, Mediation, Neutral Drop Off/Pick Up, Supervised Visitation, Visitation Monitoring Enforcement, and/or Parenting Education. **This form may take you 15 to 20 minutes to complete.** Please note: Information that you provide will be used by Access and Visitation Program staff to assess your readiness and eligibility for our services. Parents with a history of domestic or family violence may not be eligible for services. Services with SWORPS Access and Visitation can be terminated at any time.

→ *The non-custodial parent, the NCP is defined as the parent who does not have physical custody of the child(ren).*

→ *The custodial parent, the CP is the parent or any other person who does have physical custody of the child(ren).*

This program is operated by the University of Tennessee SWORPS (Social Work Office of Research and Public Service) and is funded through the Tennessee Department of Human Services.

SECTION I—Non-Custodial Parent Information:

Name: (Last) _____ (First) _____ Date of Birth: _____

Mailing Address: _____ City _____ ST _____ ZIP _____

Cell Ph #: _____ Other #: _____ Email Address: _____

Is it ok to text you at the cell phone # you provided? Yes No

Who referred you?

Self Child Support Agency Child Protection Agency
 Court Domestic Violence Agency Other: _____

What is your race/ethnicity?

American Indian/Alaska Native Hispanic/Latino White
 Asian Middle Eastern/North African Prefer not to say
 Black/African American Hawaiian/Pacific Islander

What is your income?

Less than \$10,000 \$20,000–\$29,000 \$40,000 or more
 \$10,000–\$19,000 \$30,000–39,000

Which best describes you?

Non-custodial Father Non-custodial Mother

SECTION II—Custodial Parent Information:

Name: (Last) _____ (First) _____ Date of Birth: _____

Mailing Address: _____ City _____ ST _____ ZIP _____

Cell Ph #: _____ Other #: _____ Email Address: _____

Which best describes the Custodial Parent?

Custodial Father Custodial Mother Grandparent/Legal Guardian

What is your relationship or marital status to the Custodial Parent?

Never Married Separated
 Married Divorced

In the area below, please list details about ALL OF THE CHILD(REN) that you have with the Custodial Parent:

Name: _____ Date of Birth: _____

Birth Certificate Signed? DNA Test Done?

Name: _____ Date of Birth: _____

Birth Certificate Signed? DNA Test Done?

Name: _____ Date of Birth: _____

Birth Certificate Signed? DNA Test Done?

Name: _____ Date of Birth: _____

Birth Certificate Signed? DNA Test Done



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SECTION III—Visitation Status:

Do you have an Order of Visitation or Parenting Plan with the Custodial Parent? Yes No

Please answer if this applies to your circumstances (Select ALL that apply.):

<input type="checkbox"/> Custodial Parent not allowing visitation	<input type="checkbox"/> Custodial Parent not following Parenting Plan
<input type="checkbox"/> Visitation is inconsistent	<input type="checkbox"/> Does not apply
<input type="checkbox"/> Live far away from the Custodial Parent	<input type="checkbox"/> Other: _____

Please tell us if you have or are currently experiencing any family violence with the Custodial Parent.

Yes No (Please note that we will not disclose this to the Custodial Parent. We will also provide you with support resources.)

Please tell us the last date you visited with your child(ren) that you have with this parent: _____

SECTION IV—Child Support and/or Court Involvement:

Do you have a Tennessee Child Support Case with the Custodial Parent? Yes No

If yes and you know your TCSES Case #, please list it: _____

Court Docket #: _____ What county: _____ and name of the court: _____?

SECTION V—Co-Parenting:

Do any of these co-parenting issues apply to you?

<input type="checkbox"/> Conflicts with Significant Others of the Custodial Parent	<input type="checkbox"/> Timely Pick-Up/Drop Off	<input type="checkbox"/> Visitation with Other Children
<input type="checkbox"/> Conflicts with Family, Siblings, or Friends of Custodial Parent	<input type="checkbox"/> Child Care Issues	<input type="checkbox"/> None of these apply to me
	<input type="checkbox"/> Discipline Issues	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Work Schedules	

SECTION VI—Services:

What can we help you with – What services are you requesting? (Check ALL that apply.)

<input type="checkbox"/> Mediation – Meeting with a neutral third party to come to an agreement on visitation and work out your issues	<input type="checkbox"/> Development of Parenting Plan – Developing a schedule that works for your family situation	<input type="checkbox"/> Non-Therapeutic Counseling – Assistance/Training in co-parenting and focusing on the best interest of the child.
<input type="checkbox"/> Parent Education – <input type="checkbox"/> Self-Referral <input type="checkbox"/> by Court Order <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Neutral Drop Off/Pick Up – A public, neutral location where parents can meet to exchange child(ren)		
<input type="checkbox"/> Supervised Visitation – Court-ordered time where child must be observed by neutral third party		
<input type="checkbox"/> Visitation Monitoring Enforcement – Self reporting the status of ongoing visitation.		

SECTION VII—Family Violence Assistance:

Are you now or have you ever been in a relationship with a person who hurts or threatens you? Yes No

Would you like a referral for domestic violence services? Yes No

If you are experiencing domestic violence, please:

- Call 911 if you are in an immediate life-threatening emergency.
- Contact the 24/7 State-Wide Domestic Violence Hotline by calling 1-800-356-6767 for counseling and information about shelter and other support services near you.
- Visit the Tennessee Coalition to End Domestic and Sexual Violence at www.tncoalition.org
- Child abuse/neglect should be reported to the 24/7 Tennessee Child Abuse Hotline at 1-877-237-0004.

Signature: _____ Date: _____

To submit this application, chose one of the following:

- Complete this application online by visiting: <https://sworps.org/index.php/field-based-services/access-and-visitation/>
- Download and email your completed application to accessandvisitation@utk.edu
- Call (865) 722-3226 to schedule a time with the Access and Visitation Program Coordinator (Monday—Friday 8:00AM—5:00PM EST)
- Mail your application to:

Jodi Sprayberry, AV Program Coordinator
600 Henley Street, UT Conference Center
Suite 224, SWORPS Office
Knoxville, TN 37996-4104