Affidavit Of Accountability Of Supervisor

Full Supervision

USE THESE INSTRUCTIONS AND FORMS WHEN YOU ARE GOING TO BE A SUPERVISOR FOR ONE OF THE PARTIES IN A CUSTODY ACTION.

You must watch a video prior to completing this form and filing it.

PLEASE READ BEFORE GOING ANY FURTHER:

The information in this packet is not a substitute for professional legal advice. The Court assumes no responsibility and accepts NO liability for actions taken by users of these documents, including reliance on their content. The Court Self-Help Center cannot guarantee the use of these forms will get you the outcome you want.

IT IS STRONGLY RECOMMENDED THAT YOU CONTACT AN ATTORNEY FOR A CONSULT BEFORE PROCEEDING ANY FURTHER.
Try Attorney Connection at (717) 854-8755 for a low-cost initial consultation.

AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISOR

(IF ONE OF THE PARTIES' PERIODS OF CUSTODY MUST BE SUPERVISED)

If the Court orders supervised custody in your case, all Court-approved supervisors must complete an Affidavit of Accountability of Supervisor and file it with the Prothonotary's Office with copies provided to the parties.

Sometimes, the parties agree to supervised custody for one party in a stipulation prepared by them, without the Court first ordering the supervision.

In either case, the person or people chosen to supervise custody of one party must watch a video, then complete & file an affidavit before being allowed to supervise.

The Supervisor must complete the following steps:

- ☐ Watch the informational supervised visitation video that can be viewed at the Court Self-Help Center on the 4th floor of the Judicial Center or it can be found by following the link below:

  http://yorkcountypa.gov/images/video/Supervised_Visitation.mp4
- ☐ Complete the Form Affidavit of Accountability of Supervisor
- ☐ Take the completed form Affidavit of Accountability of Supervisor (the original + copies) to the Prothonotary's Office & file
- ☐ Send a copy to each of the parties or counsel for each of the parties.

Step 1.

View the supervised visitation video

- The Video can be viewed in the Court Self-Help Center on the 4th floor of the Judicial Center (appointments are recommended, but not required). Go to the Court Self-Help Center or email to schedule an appointment: CourtSelfHelp@YorkCountyPA.gov

-OR-

- The video can also be found by following the link below:

http://yorkcountypa.gov/images/video/Supervised_Visitation.mp4

If you are not reading this packet online, but you would like to view the video online, take the following steps to get to the video:

1. Open your web browser (Google, Safari, etc.)
2. Type the link exactly as it appears above.

Alternatively, you can visit the York County website at www.yorkcountypa.gov and search for "supervised video." Or, you can visit the Court Self-Help Center's webpage and access the video by opening AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISOR packet or by clicking on the link in the **"Research & Additional Resources"** section on the Court Self-Help & Law Resource Center's page. Any of these methods will get you to the same video.

Step 2.

Complete the Affidavit of Accountability of Supervisor Form

1. The caption is the top part of the first page of each document. The names of the parties, the docket number (which was assigned by the Prothonotary), the type of document and the court's name are contained in the caption.
2. To complete the caption, you must look at the existing order to fill in the caption so that it matches the caption on the existing order. The Plaintiff, Defendant, and Case/Docket Number will be exactly as they appear on that order.
3. Complete the form:
    - In the first paragraph in the first blank, write your name (the name of the person who is to supervise the custody visits).
    - In the second blank, insert the name of the party or parent that is to be supervised.
    - Next list the initials of the children who are to be supervised, along with each child's age and year of birth.

NOTE: Do not write child(ren)'s full names on this form; only use initials!

- In the first blank on Page 2, insert the date on the Court Order for Custody.

- The next paragraph states how the requirement for supervision was ordered:

  If a judge ordered the supervision, write the date that the judge signed the court order requiring the supervision.

  OR, if the parties decided on the supervision by agreement, then write the date that the agreement was dated.

  OR, if the decision to require supervision was made as a result of a conciliation conference, but the order from the judge directing supervision has not yet been filed, then write the date that the conciliation conference was held.

- On the next lines, write what your (the supervisor's) relationship to the child(ren) is.

- The next set of statements deal with the requirements of your supervision (example: maternal grandmother, aunt, etc.).

For Numbers 1- 8, read each requirement carefully; these are the conditions of your supervision.

For #9, write in any special conditions specific to your particular situation.

- Next, after you have viewed the supervised video, mark the circle to certify that you have watched it.

- The next section deals with the consequences that you might face if you do not comply with the requirements of a supervisor. Read these carefully; when you sign & submit the form you are acknowledging that you understand the possible penalties if you do not comply.

- Finally, under the verification (which states that everything you said in this Affidavit is true), sign your name, print your name, address, & phone number. Then date the form.

Step 3.

Filing & Distributing the Form

1. Make copies of the completed form. You need the original + **at least 3 copies**: the original for the Prothonotary, one copy for each party, and one copy for you the supervisor.

2. File the form with the Prothonotary's Office (located on the 1st floor of the York County Judicial Center).

3. Send or give a copy to all parties.

4. Keep your copy of the Affidavit of Accountability of Supervisor with your copy of the Court Order in a safe place for reference purposes.

CAUTION: Your obligation as a supervisor will remain in effect until the order is changed, or until you revoke it by filing and serving to all parties the **Notice of Revocation**.

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

_____	:	**No._____-FC-_____-03**
Plaintiff	:	
	:	
VS.	:	
	:	
_____	:	**ACTION IN CUSTODY**
Defendant 1	:	
	:	
and (if applicable)	:	
	:	
_____	:	

Defendant 2

AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISOR FOR FULL SUPERVISION

I, _____, hereby agree to
(Name of Person who Is to Supervise Visits)

supervise the visitation of _____
(Name of Party to Be Supervised)

with the following child(ren):

CHILD'S INITIALS	AGE	YEAR OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My relationship to the aforesaid minor child(ren) is that of _____.
(Supervisor's Relationship to Child)

The supervision of the party to be supervised is as a result of

☐ an Order dated _____.

-OR-

☐ an Agreement dated_____ that has been submitted to the Court for entry as an Order

– OR-

☐ as a result of an agreement reached at conciliation held on _____.

A copy of the Order is / will be on file in the above-captioned action.

I agree to be fully accountable to the Court as a supervisor in this matter.

I agree to abide by and fulfill the following requirements and conditions of the role of supervisor:

1. I will not, under any circumstances, allow the minor child(ren) and the person to be supervised to be alone at any time.

2. I understand that the role of a supervisor requires my constant physical presence with the child(ren) and the person to be supervised.

3. I understand that I must accompany the minor child and the person to be supervised on any and all excursions, no matter how short or long in duration, if such excursions are permissible in this case.

4. I will not permit the person to be supervised to drive a motor vehicle after having consumed alcoholic beverages or controlled substances, or while under the influence of alcohol or controlled substances, with the child(ren) present in the motor vehicle.

5. At all times I will insure that the child(ren) are securely fastened in an appropriate passenger restraint when present in a motor vehicle at any time during my period of supervision.

6. I will not permit the person to be supervised to operate dangerous machinery in the presence of the child(ren) after having consumed alcoholic beverages or controlled substances, or while under the influence of alcohol or controlled substances.

7. I will make prompt notations of any behavior of the person to be supervised which I believe to be harmful to the best interests of the child(ren) in this matter, and I will make a prompt report of those observations to counsel for all parties within twenty-four (24) hours.

8. I agree to immediately terminate any period of custody where the supervised party appears to be under the influence of alcohol, illegal drugs, or un-prescribed or excessive prescription medicine.

9. SPECIAL CONDITIONS:

_____

_____

_____

_____

_____.

◯ **I certify that I have viewed the supervised visitation video at :**

http://yorkcountypa.gov/images/video/Supervised_Visitation.mp4

I am aware that I may be found in contempt of court if I do not comply with the requirements of a supervisor as set forth above.

I am aware that if I am found in contempt of court for failing to abide by the requirements of a supervisor, I may be fined or incarcerated or both.

I understand that I cannot delegate my responsibility as a supervisor to anyone else without prior approval of the Court.

I understand that my obligation as a supervisor remains in effect so long as the order is in effect, or so long as I am authorized, or until revoked by me by filing and serving the Notice of Revocation.

I verify that the statements made in this Affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18Pa.C.S.§4904, relating to unsworn falsification to authorities.

_____
Date

_____
Signature of Supervisor

_____
Print Name

_____

_____
Address

_____
Phone Number

I hereby certify that I am complying with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania as outlined below:

☐ CIF/CDF Forms are included with and attached to this filing; OR

☐ I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

_____
Signature of Filer