

## **AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISOR**

### **(IF ONE OF THE PARTIES' PERIODS OF CUSTODY NEED TO 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.

The Supervisor must complete the following steps:

- View the supervised visitation video that can be viewed at the Court Self-Help Center on the 4<sup>th</sup> floor of the Judicial Center (appointment recommended) or it can be found by following the link provided below in Step 1.
- 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 to counsel for each of the parties.

#### **Step 1.**

##### **A. View the supervised visitation video**

1. The Video can be viewed in the Court Self-Help Center on the 4th floor of the Judicial Center (appointment recommended—email to schedule an appointment: [CourtSelfHelp@YorkCountyPA.gov](mailto:CourtSelfHelp@YorkCountyPA.gov) )

-OR-

2. The video can also be found by following the link below:  
<http://yorkcountypa.gov/images/video/Supervised%20Visitation.mp4>

#### **Step 2.**

##### **A. 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 to match 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 that is to be supervised.
- Next list the names of the children who are to be supervised, along with each child's age and date of birth.
- In the first blank on Page 2, insert the date on the Court Order for Custody.
- In the next blank, write the name of the judge who signed the court order.
- On the next lines, indicate what your (the supervisor's) relationship to the child(ren) is.
- The next set of statements deal with the requirements of your supervision.

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

#### **A. 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 1<sup>st</sup> 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.

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA**

\_\_\_\_\_  
**Plaintiff**

**VS.**

\_\_\_\_\_  
**Defendant 1**

**and** (if applicable)

\_\_\_\_\_  
**Defendant 2**

: No. \_\_\_\_\_-FC-\_\_\_\_\_ -03  
:  
: **CIVIL ACTION – LAW**  
:  
:  
: **CUSTODY**  
:  
:  
:  
:  
:

**AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISOR**

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):

NAME	AGE	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By Order of Court, dated \_\_\_\_\_, the Honorable

\_\_\_\_\_, Judge, issued an order imposing supervised visitation. A copy of the Order is attached to this Affidavit as "Exhibit A."

My relationship to the aforesaid minor child(ren) is that of \_\_\_\_\_

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(ren) 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 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.
5. 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.
6. 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.
7. 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.
8. SPECIAL CONDITIONS:

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**I certify that I have viewed the supervised visitation video at the Court Self-Help Center or at:**  
<http://yorkcountypa.gov/images/video/Supervised%20Visitation.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 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