



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.  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.  SPECIAL CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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