

SUPERIOR COURT OF CALIFORNIA
County of Marin

AGREEMENT OF NON-PROFESSIONAL PROVIDER TO SUPERVISE CHILD VISITATION

CASE NUMBER: _____

PETITIONER: _____
ADDRESS: _____

ATTORNEY: _____
ADDRESS: _____

HOME NO.: _____
WORK NO.: _____
CELL NO.: _____

HOME NO.: _____
WORK NO.: _____
CELL NO.: _____

RESPONDENT: _____
ADDRESS: _____

ATTORNEY: _____
ADDRESS: _____

HOME NO.: _____
WORK NO.: _____
CELL NO.: _____

HOME NO.: _____
WORK NO.: _____
CELL NO.: _____

OTHER INTERESTED PERSON/ENTITY: _____
ADDRESS: _____
TELEPHONE NUMBERS: _____

Please indicate your agreement by checking each box in front of each numbered paragraph.

- 1. I agree to act as a visitation supervisor for visitation between _____, *parent/guardian* and _____, *minor child/child(ren)*, under the court order dated _____, a copy of which has been given to me.
- 2. I understand that my principal responsibility is to observe these visits in person and to take action immediately if the minor child(ren) needs protection, reassurance, or a break of any kind from the visit. I agree to perform my duties as a visitation supervisor neutrally and without any bias or favoritism toward or against the supervised person.
- 3. I agree that I will not, under any circumstances, leave the minor child or children with the supervised person outside my presence.
- 4. I agree that I will report to the court or, if ordered by the court, to Family Court Services, if the supervised person violates any of the rules described on the *Information About Obligations of Visitation Supervisor* sheet (form FL036) and, if ordered by the court, on all the observations I make during the visits.
- 5. I have received a copy of the *Guide for the Non-Professional Provider of Supervised Child Visitation* (form FL039) given to me by this court, Family Law Facilitator, Parent Coordinator, or Family Court Services. I understand them, and agree to follow them. Specifically, I have read and understood my obligation to report any child abuse or any reasonable suspicion of child abuse to Child Protective Services.
- 6. I have received a copy of each document: *Agreement of Non-Professional Provider to Supervise Child Visitation* (form FL037), the *Guide* (form FL039), and *Information About Obligations and Visitation Log* (form FL036). I understand and agree to comply with each of the provisions in each document.
- 7. I understand that if I fail to follow this agreement, I may be held in contempt of this court; I may put the safety of the minor child(ren) at risk; and I may make it difficult or impossible for the supervised person to continue to have visitation.

I understand that no supervision will take place until the visitation supervisor has signed this Agreement. A copy of the signed Agreement shall be provided to the custodial parent and to Family Court Services.

DATE

SIGNATURE OF SUPERVISED PARENT OR GUARDIAN

DATE

SIGNATURE OF NON-PROFESSIONAL VISITATION SUPERVISOR

PRINT NAME OF VISITATION SUPERVISOR

ADDRESS

TELEPHONE NUMBER