## IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

		_ : No CU	
Plaintiff		: :	
vs.		: CIVIL ACTION - LAW	
Defendant		- <b>:</b> <b>:</b>	
AFFIDAVIT OF ACCO	UNTABILITY O	OF SUPERVISOR FOR FULL SUPERVISION	
I,(Name of Person who is	to Supervise Visits)	, hereby agree to supervise the physical	
(Name of Party to be	e Supervised)	with the following child(ren):	
CHILD'S INITIALS	AGE	DOB	
The supervised physical che Order is attached to this At	_	d in an Order dated A copy	
My relationship to the afo	resaid minor child	d(ren) is that of	
I agree to be fully accoun	table to the Court	as a supervisor in this matter.	
I agree to abide by and fu eck all those that apply)	lfill the following	requirements and conditions of the role of supervisor:	

I am aware that circumstances have arisen showing a need for supervised physical custody.
I understand that the role of a supervisor requires any physical presence with the child(ren) and the
person to be supervised in the manner and for the period of time that supervision is required pursuant to
the custody Order.
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, as required by the custody order and if each
excursions are permissible in this case.
I will make prompt notations of any behavior of the person to be supervised which I believe to be
harmful to the best interest of the child(ren) in this matter and I will make a prompt report of those
observations to counsel for both parties.
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. At all times, I shall ensure that the child(ren)
are securely fastened in an appropriate passenger restraint.
I will not permit the person to be supervised to operate dangerous machinery in the presence of the
children after having consumed alcoholic beverages or controlled substances or while under the influence
of alcohol or controlled substances.
Additional provisions:

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 a Notice of Revocation upon counsel for both parties (or the party if self-represented) as well as 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	Print Name of Supervisor	Print Name of Supervisor			
	Signature of Supervisor	Signature of Supervisor			
	Address of Supervisor	Address of Supervisor			
	Home Phone	Cell Phone			
	Work Phone				
	Email address				