

Superior Court of Washington, County of _____

In re:

Petitioner/s (*person/s who started this case*):

And Respondent/s (*other party/parties*):

No. _____

Supervised Visitation Acknowledgement
(Acknowledgement)

Supervised Visitation Acknowledgement

Use this form when the court orders supervised visits.

Important! No visits shall take place until the supervised parent and supervisor (or representative of a professional supervision program) have signed this form **and** the supervised parent provides a signed copy to the other parent and the supervisor.

1. Supervised visitation

The court ordered supervised contact between (*parent's name*): _____
and (*check one*):

☐ all the children

☐ only these children (*name/s*): _____

The dates, times, and rules for supervised contact are in the following **court order**
issued on (*date*): _____ (*check one*):

☐ Parenting Plan

☐ Residential Schedule

☐ Other (*specify*): _____

2. Supervisor agrees

I'm committed to protecting the children from any physical or emotional abuse or harm. I will intervene, or if necessary end the visit, to stop behavior that violates the court orders or supervision rules, or puts the children at risk.

I've read the court order described above and agree to follow it. If I don't, the court may remove me as supervisor.

I can withdraw as supervisor at any time by notifying the parties or the court in writing.

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): _____ Date: _____



Visitation supervisor signs here

Print name here

Agency name, if any: _____

3. Supervised parent acknowledges

I understand that my visits may be suspended and the court may find me in contempt if I willfully violate the court order.

I've read the court order described above and know that I'm required to follow it.

No visits will happen until I provide a copy of this Acknowledgment to the other parent (or their lawyer, if any) that both the supervisor and I have signed.

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): _____ Date: _____



Supervised parent signs here

Print name here