

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> )  TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____ OTHER: _____	
<b>AGREEMENT FOR CHILD VISITATION SUPERVISION</b>	CASE NUMBER: _____

1. I (*name of visitation supervisor*): \_\_\_\_\_ agree to act as a supervisor for visitation between (*name of parent/guardian*): \_\_\_\_\_ and (*name of minor child/children*): \_\_\_\_\_ 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 dispassionately and without any bias or favoritism toward or against the supervised person.
3. 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 *Guidelines for Child Visitation Supervision* (form ALA FL-015-INFO) and, if ordered by the court, on all the observations I make during the visits.
4. I agree that I will not, under any circumstances, leave the minor child or children with the supervised person outside my presence.
5. I have received a copy of the *Guidelines for Child Visitation Supervision* given to me by this court, 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 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 have received copies of this *Agreement for Child Visitation Supervision* and the *Guidelines for Child Visitation Supervision*. I understand and agree to comply with each of the provisions in the two forms. I understand that no supervision will take place until the visitation supervisor has signed the *Agreement for Child Visitation Supervision*.

Date: \_\_\_\_\_  
 SIGNATURE OF SUPERVISED PARENT OR GUARDIAN

Date: \_\_\_\_\_  
 SIGNATURE VISITATION SUPERVISOR

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ADDRESS AND PHONE NUMBER OF VISITATION SUPERVISOR