

STATE OF ILLINOIS CIRCUIT COURT _____ COUNTY	AFFIDAVIT OF PARENTING TIME SUPERVISOR	_____ Case Number
Instructions ▼ Directly above, enter the name of county where you will file the case. Enter your name as Petitioner. Check the boxes for ALL people you want to include in the <i>Order</i> . On the lines provided, enter the name for each person you are trying to protect. "Other household members" includes people living with you or working where you are staying. Enter name of the person you are seeking protection from as Respondent. The Circuit Clerk will add a Case Number.	Petitioner _____ <i>(First, middle, last name)</i> People to be Protected by this <i>Order</i> (check all that apply) <input type="checkbox"/> Petitioner <input type="checkbox"/> Petitioner's minor children with Respondent: _____ <input type="checkbox"/> Petitioner's minor children not related to Respondent: _____ <input type="checkbox"/> Dependent adult: _____ <input type="checkbox"/> High-risk adult: _____ <input type="checkbox"/> Other household members: _____ _____ _____ v. Respondent _____ <i>(First, middle, last name)</i>	<i>For Court Use Only</i> <input type="checkbox"/> Independent <input type="checkbox"/> Juvenile <input type="checkbox"/> Other Civil Proceeding <input type="checkbox"/> Criminal

Parenting time supervisor completes this form.

I, _____, state as follows:
 First *Middle* *Last*

1. I reside at: _____
 Street, Apt # *City* *State* *ZIP*
2. My telephone number is: _____ .
3. My relationship to the parties is: _____ .
4. I accept the responsibility to be present at all times and to supervise Respondent's parenting time with:

Children's Names
 according to the court's *Order*.

5. By signing this affidavit I submit to the jurisdiction of the court and certify that I will require Respondent to follow these rules during parenting time:
 - a. No discussion with the children about any court cases or any *Petition for Order of Protection*;
 - b. No discussion with the children about the custodial parent's activities;
 - c. No use of alcohol or drugs;
 - d. No abusive language;
 - e. No hitting, striking, or other violent physical contact;

- f. No physical discipline; AND
 - g. No threatening behavior.
6. I will cancel the parenting time session if Respondent arrives under the influence of alcohol drugs.
7. I will end a parenting time session if Respondent violates any of the rules listed above or it is otherwise necessary to protect the children's safety or best interests.
8. I understand that I am responsible to the court for carrying out the duties listed in this Affidavit.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

I certify that everything in the *Affidavit of Parenting Time Supervisor* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

Date: _____

Signature

Printed Name

DO NOT complete this section. The notary will complete it.

Notary Public

State of Illinois

County of _____

Signed and sworn to before me
on _____

_____ by _____
Date *Name*

Seal

Signature of Notary