

This form is attached to ☐ DV-110, *Temporary Restraining Order* ☐ DV-130, *Restraining Order After Hearing*  
☐ DV-140, *Child Custody and Visitation Order*

① **Name of Protected Person:** \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other\*

② **Other Parent's Name:** \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other\*

\*If Other, specify relationship to child: \_\_\_\_\_

**The Court Orders:**

③ **Mediation, Visitation and Exchange**

- a. ☐ Parties must go to mediation at: \_\_\_\_\_
- b. ☐ Visitation of children is supervised.  
Parent to be supervised is: ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_
- c. ☐ Exchanges of children are supervised.

④ **Schedule of Supervised Visits**

- a. ☐ All visits as provided in the schedule on Form DV-140, item ④(d) are to be supervised.
- b. ☐ Supervised visits shall be \_\_\_\_\_ visit(s) per week of \_\_\_\_\_ hours(s) each, to be arranged with the provider.
- c. ☐ Other schedule of supervised visits is attached. (Check here and attach a sheet of paper with "DV-150, Other Schedule" for a title.)

⑤ **Type of Provider**

- a. ☐ Professional (individual or supervised visitation center)
- b. ☐ Nonprofessional
- c. ☐ Therapeutic (licensed mental health professional)

⑥ **Provider's Information**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

⑦ **Costs Will Be Paid As Follows:**

- ☐ Mom to pay: \_\_\_\_\_ %
- ☐ Dad to pay: \_\_\_\_\_ %
- ☐ Other: \_\_\_\_\_

⑧ **Contact With Provider**

- ☐ Mom to contact provider before (date): \_\_\_\_\_
- ☐ Dad to contact provider before (date): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

⑨ **The court also orders (specify):** \_\_\_\_\_

**This is a Court Order.**