| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

**SUPERVISED VISITATION (PARENTING TIME) AND EXCHANGES ORDER**

**ATTACHMENT TO:** ☐ ***Child Custody and Visitation (Parenting Time) Order Attachment*** **(form FL-341)**
☐ **Other*(specify):***

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party with the child or children be supervised based upon allegations of
   ☐ child abduction ☐ physical abuse ☐ drug abuse ☐ neglect
   ☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other *(specify):*
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.

2. The court finds, under Family Code section 3100, that the best interest of the child or children requires that visitation by
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must, until further order of the court, be limited to contact supervised by the person or supervised visitation center set forth in this order pending further investigation and hearing or trial.

**THE COURT MAKES THE FOLLOWING ORDERS**

3. **CHILDREN**
   a. Name: Date of birth:
   b. Name: Date of birth:
   c. Name: Date of birth:
   ☐ The names and birthdates of additional children are attached to the order.

4. ☐ **PROFESSIONAL SUPERVISED VISITATION WITH CHILDREN**
   a. Provider Information *(check one):*
      (1) ☐ Chosen provider *(name):* Telephone:
      Address *(if known):*
      If the chosen provider cannot provide services, parties must use the alternate provider.
      Alternate provider *(name):* Telephone:
      Address *(if known):*
      ☐ Petitioner ☐ Respondent ☐ Other Parent/Party to contact the provider by *(date):*
      (2) ☐ The parties have not yet chosen a provider. A list of professional providers *(check all that apply):*
      ☐ is attached to this order.
      ☐ was given in court to: ☐ Petitioner ☐ Respondent ☐ Other Parent/Party
      ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must choose and contact a provider by *(date):*
      (3) ☐ The professional provider will be a mutually agreed-upon third party as arranged by the parties.
      (4) ☐ Other *(specify):*
   b. Frequency of visits *(check one):*
      (1) ☐ Once a week, for *(number of hours for each visit):*
      (2) ☐ Two times each week, for *(number of hours for each visit):*
      (3) ☐ According to the schedule specified in: ☐ Form FL-341 ☐ Other *(specify):*
   c. Visits must be *(check one):*
      (1) ☐ In person at a safe location.
      (2) ☐ Virtual visitation (not in person).
      (3) ☐ Other *(specify):*
   d. Payment responsibility: Petitioner: % Respondent: % Other: %

***THIS IS A COURT ORDER.***

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

5. ☐ **NONPROFESSIONAL SUPERVISED VISITATION WITH CHILDREN**

a. Nonprofessional provider (person) to supervise visits:
Name: Relationship to child:
Address *(if known):*
Telephone *(if known):*

b. Frequency of visits *(check one):*
(1) ☐ Once a week, for *(number of hours for each visit):*
(2) ☐ Two times each week, for *(number of hours for each visit):*
(3) ☐ According to the schedule specified in: ☐ Form FL-341 ☐ Other *(specify):*

c. Visits must be *(check one):*
(1) ☐ In person at a safe location.*(specify location):*
(2) ☐ Virtual visitation (not in person). *(Provider, child, and visiting parent may need to access the internet.)*
(3) ☐ Other *(specify):*

d. Resources for nonprofessional providers:
(1) Find your *Declaration* (form FL-324(NP)) at: courts.ca.gov/sites/default/files/courts/default/2024-11/fl324np.pdf.
(2) For online information, go to: www2.courtinfo.ca.gov/accesstovisitation/story_html5.html.
(3) For information about safe locations and virtual visits, go to: selfhelp.courts.ca.gov/guide-supervised-visitation.

6. ☐ **SUPERVISED EXCHANGES (Drop-off and Pick-up of Children)**

a. Type of provider:
(1) ☐ Professional provider
Name: Relationship to child:
Address *(if known):*
Payment responsibility Petitioner: % Respondent: % Other: %
☐ Petitioner ☐ Respondent ☐ Other Parent/Party to contact the provider by *(specify date)*
*(date):*
Location of supervised exchanges to be decided by the professional provider.

(2) ☐ Nonprofessional provider
Name: Relationship to child:
Address *(if known):*
Telephone *(if known):*
Safe location for exchanges:
*(For more information, see item 5d. Resources for nonprofessional providers.)*

b. Supervised exchanges will be according to the schedule specified:
(1) ☐ In form FL-341
(2) ☐ Other *(specify):*
(3) ☐ Below:

7. ☐ **THE COURT FURTHER ORDERS**



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