

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA
JUVENILE DIVISION**

IN THE INTEREST OF :

CASE # _____

**Parental Supervised Visitation
Agreement Form**

DRAFT (11/16/18-REVISED)

The purpose of this agreement is to promote and encourage quality interactions between you and your child(ren), to support a healthy bond, and to ensure that you and your child(ren) can spend time together in a safe environment.

When visiting with my child(ren), I agree to comply with the following guidelines:

1. I will call or text my visitation specialist _____ at phone number _____ 24 hours before my visit in order to confirm that I will attend. If my visitation specialist is unreachable, I will call or text my case manager _____ at phone number _____. I will abide by any and all confirmation criteria for my visits.* If I do not call, my child(ren) will not be transported to the visit and it will be considered a missed visit. If I miss the visit due to a medical emergency, I am required to bring a doctor's note.
2. I will arrive on time. If traveling by public transportation, I am still expected to arrive on time. If I arrive late, my visit will not be extended and must end at the scheduled time.
3. In order to maintain positive interactions between me and my child(ren), I will create a nurturing and loving environment by being sensitive to my child(ren)'s feelings. I will **NOT** use the visitation time to speak negatively or ask questions about the court process or about my child(ren)'s caregiver. If my child(ren) wants to speak about future living arrangements or unsupervised visits, I will allow my visitation specialist to address the question.
4. I understand the visit will be cancelled if I am suspected of being under the influence of non-prescription drugs or alcohol.
5. I am the only one allowed to attend the visit with my child(ren). If I would like to bring someone, I will ask the judge at my next court hearing.
6. If I own weapons, I will leave them at home. If I am found with a weapon or any articles that can be used as weapons, I understand that the visit will end. .

7. I will interact with my child(ren) in a friendly tone of voice that is loud enough to be heard by my visitation specialist. I will avoid cursing and/or physical punishment. If I need help controlling my child(ren)'s behavior, I will ask the visitation specialist to help me.
8. I understand that the visitation specialist must be able to understand the communication between my child and I. If I speak a language other than English, I can request a visitation specialist that speaks my native language.
9. If my cell phone is a distraction and limiting the interactions with my child(ren), I understand that the visitation specialist will ask me to put the phone away.
10. When at the place of visitation, if encounter someone with whom I have a restraining order, I will avoid interaction and inform my visitation specialist.
11. My visitation file is confidential but the Court, DCF, my attorney, the full case management agency, and the Guardian ad Litem shall have full access to the file. I can decide to share my visitation file with any of my service providers.

*If applicable, additional criteria is as follows: _____

I understand and agree to follow the guidelines that are included in this agreement.

This agreement was signed at:

- Shelter Hearing First Visit Subsequent Visit.

Father's signature _____

DATE: _____

Mother's signature _____

DATE _____

Visitation Specialist _____

DATE _____