



PINEYWOODS FAMILY SUPERVISION



SUPERVISED VISITATION DESIGNATED ALTERNATE FORM

Please fill out this form completely if you will be responsible for providing transportation of the children to and/or from the supervised visitations. Please submit a copy of your driver's license or state-issued identification card and a signed copy of the Supervision Visitation Guidelines with this form.

Your Name: _____
 First Middle Last

Physical address: _____
 Street City State Zip Code

Mailing address: _____
 Street City State Zip Code

Cellphone number: _____ Home number: _____

Date of birth: _____ Driver's license number: _____

Name of the children who will be transported to and from supervised visitations (use separate sheet of paper if more children are involved):

- Child's name: _____ Child's age: _____ Child's date of birth: _____
- Child's name: _____ Child's age: _____ Child's date of birth: _____
- Child's name: _____ Child's age: _____ Child's date of birth: _____
- Child's name: _____ Child's age: _____ Child's date of birth: _____

I have been designated as a competent adult by _____ (name of custodial parent or caregiver) to transport the children listed below to and from supervised visitations at Pineywoods Family Supervision. I understand that I am responsible for complying with the guidelines for supervised visitation, which I have read and signed.

Designee signature: _____

Date: _____

Custodial Parent/Caregiver signature: _____

Date: _____

Adapted from Dr. Aaron Robb with Forensic Counseling Services