

**IN THE COURT OF COMMON PLEAS OF ERIE COUNTY, PENNSYLVANIA**

\_\_\_\_\_ : No. \_\_\_\_\_-FC-\_\_\_\_\_ -03  
**Plaintiff** :  
 :  
 :  
 **VS.** :  
 :  
 :  
 \_\_\_\_\_ : **ACTION IN CUSTODY**  
**Defendant 1** :  
 :  
 **and** (if applicable) :  
 :  
 \_\_\_\_\_ :

**Defendant 2**

**AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISOR FOR  
FULL SUPERVISION**

I, \_\_\_\_\_, hereby agree to  
(Name of Person who Is to Supervise Visits)

supervise the visitation of \_\_\_\_\_  
(Name of Party to Be Supervised)

with the following child(ren):

| CHILD'S INITIALS | AGE   | YEAR OF BIRTH |
|------------------|-------|---------------|
| _____            | _____ | _____         |
| _____            | _____ | _____         |
| _____            | _____ | _____         |
| _____            | _____ | _____         |

My relationship to the aforesaid minor child(ren) is that of \_\_\_\_\_.

The supervision of the party to be supervised is as a result of

an Order dated \_\_\_\_\_.

**-OR-**  an Agreement dated \_\_\_\_\_ that has been submitted to the Court for entry as an Order

**- OR-**

as a result of an agreement reached at conciliation held on \_\_\_\_\_.

A copy of the Order is / will be on file in the above-captioned action.

**I agree to be fully accountable to the Court as a supervisor in this matter.**

I agree to abide by and fulfill the following requirements and conditions of the role of supervisor:

1. I will not, under any circumstances, allow the minor child(ren) and the person to be supervised to be alone at any time.
2. I understand that the role of a supervisor requires my constant physical presence with the child(ren) and the person to be supervised.
3. I understand that I must accompany the minor child and the person to be supervised on any and all excursions, no matter how short or long in duration, if such excursions are permissible in this case.
4. I will not permit the person to be supervised to drive a motor vehicle after having consumed alcoholic beverages or controlled substances, or while under the influence of alcohol or controlled substances, with the child(ren) present in the motor vehicle.
5. At all times I will insure that the child(ren) are securely fastened in an appropriate passenger restraint when present in a motor vehicle at any time during my period of supervision.
6. I will not permit the person to be supervised to operate dangerous machinery in the presence of the child(ren) after having consumed alcoholic beverages or controlled substances, or while under the influence of alcohol or controlled substances.
7. I will make prompt notations of any behavior of the person to be supervised which I believe to be harmful to the best interests of the child(ren) in this matter, and I will make a prompt report of those observations to counsel for all parties within twenty-four (24) hours.
8. I agree to immediately terminate any period of custody where the supervised party appears to be under the influence of alcohol, illegal drugs, or un-prescribed or excessive prescription medicine.

9. SPECIAL CONDITIONS:

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**I certify that I have viewed the supervised visitation video at :**

<https://yorkcountypa.gov/1012/Supervised-Visitation-Video>

**I am aware that I may be found in contempt of court if I do not comply with the requirements of a supervisor as set forth above.**

**I am aware that if I am found in contempt of court for failing to abide by the requirements of a supervisor, I may be fined or incarcerated or both.**

**I understand that I cannot delegate my responsibility as a supervisor to anyone else without prior approval of the Court.**

**I understand that my obligation as a supervisor remains in effect so long as the order is in effect, or so long as I am authorized, or until revoked by me by filing and serving the Notice of Revocation.**

**I verify that the statements made in this Affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18Pa.C.S.§4904, relating to unsworn falsification to authorities.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

I hereby certify that I am complying with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania as outlined below:

CIF/CDF Forms are included with and attached to this filing; OR

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

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Signature of Filer