

Plaintiff	:	IN THE COURT OF COMMON PLEAS
	:	OF BERKS COUNTY, PENNSYLVANIA
vs.	:	CIVIL ACTION – LAW
	:	CHILD CUSTODY
	:	No.
	:	
Defendant	:	Assigned to: J.

AFFIDAVIT OF ACCOUNTABILITY

I, _____ hereby agree to supervise the physical custody of
 _____ (name of party) with the following child/ren:

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

Supervised physical custody is provided in the Order dated _____.
 A copy of the Order is attached to this Affidavit as Exhibit "A".

My relationship to the minor child/ren is that of _____.

I agree to abide by and fulfill the following requirements and conditions of the role of supervisor: (Check boxes of all that apply)

- I am aware that supervised physical custody has been ordered.
- I understand that being a visit supervisor requires my physical presence with the child/ren and the person to be supervised for the entire visit and that the minor child/ren will not be alone with the supervised person at any time.
- I understand that if excursions are permitted by the Court Order that I must accompany the minor child/ren and the person to be supervised on any and all excursions, no matter how short or long in duration.

- I will make prompt notation 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 both parties within twenty-four (24) hours.
- 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. At all times, I shall ensure that the child/ren are securely fastened in an appropriate passenger restraint.
- 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.
- I agree to immediately terminate any period of supervised custody where the supervised party appears to be under the influence of alcohol, illegal drugs, or un-prescribed or excessive prescription medication.
- Special provisions:

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

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 as long as the Custody Order is in effect, or so long as I am authorized, or until revoked by me by my filing a Notice of Revocation in the Prothonotary's Office and serving copies of that notice on the parties and the Court.

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 understand that if I am found to be in contempt I may be fined or incarcerated or both.

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

Date

Printed Name of Supervisor

Signature of Supervisor

Address:

Home/Cell Phone

Work Phone

Email Address