

**STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT  
COUNTY OF WINNEBAGO**

_____	)	
Plaintiff,	)	
	)	
v.	)	Case No: _____
	)	
_____	)	Judge: _____
Defendant.	)	

**Order Directing Use of Supervised Visitation Services**

This matter coming before the court, the court having jurisdiction of the parties and the subject matter hereto, and the court being fully advised in the premises;

**THE COURT FINDS** that pursuant to the Illinois Marriage and Dissolution of Marriage Act, 750 ILCS 5/607(a) or the Illinois Domestic Violence Act at 750 ILCS 60/214 (b)(7) or 750 ILCS 5/112A-14(7), it is in the child(ren)'s best interest for visitation to be supervised through the use of Supervised Visitation Services provided by Children's Safe Harbor, Inc.

**THE COURT FINDS** that:

The parties are the parents of the following minor children (initials and birth dates only):

Child: _____ (D.O.B.: _____)	Child: _____ (D.O.B.: _____)
Child: _____ (D.O.B.: _____)	Child: _____ (D.O.B.: _____)
Child: _____ (D.O.B.: _____)	Child: _____ (D.O.B.: _____)
Child: _____ (D.O.B.: _____)	Child: _____ (D.O.B.: _____)

**THE COURT FINDS** the following order(s) of protection history:

\_\_\_\_\_ None  
\_\_\_\_\_ Currently Pending

**THE COURT FINDS** that:

The minor child(ren) shall reside with \_\_\_\_\_,  
who is the Residential or Custodial Parent

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Attorney \_\_\_\_\_

Attorney's Contact Information \_\_\_\_\_

The minor child(ren) shall have supervised visitation with \_\_\_\_\_,  
who is the Non-Residential or Non-Custodial Parent,

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Attorney \_\_\_\_\_

Attorney's Contact Information \_\_\_\_\_

Interpreter services \_\_\_\_\_ are requested \_\_\_\_\_.  
*Indicate Language* *Indicate Party/ Child Here*

Interpreter services \_\_\_\_\_ are requested for \_\_\_\_\_.  
*Indicate Language* *Indicate Party / Child Here*

**IT IS HEREBY ORDERED THAT:**

A) Supervised Visitation shall take place as follows:

\_\_\_\_\_ One Hour Each Week

\_\_\_\_\_ One Hour on Alternate Weeks

Supervised Visitation is contingent upon the availability of Children's Safe Harbor, Inc. Supervised visitation is in one-hour timeframes. Parties must make every effort to make themselves available for supervised visitation. Exact arrival times will be determined by personnel of Children's Safe Harbor, Inc.

B) Within three (3) business days, each of the parties shall contact Children's Safe Harbor Inc. to arrange an intake for supervised visitation.

Address: 1416 20<sup>th</sup> Street  
Rockford, Illinois 61104

Telephone: (815) 316-7772

Fax: (815) 316-7777

C) Within ten (10) business days, each of the parties shall appear at Children's Safe Harbor, Inc. and cooperate with the personnel of Children's Safe Harbor, Inc. and complete the intake and provide truthful information as requested by said personnel.

D) Each of the parties shall comply with all Rules for Supervised Visitation established by Children's Safe Harbor, Inc. Violations may be reported to the assigned judge for necessary action and may result in sanctions being imposed for contempt of Court.

E) Children's Safe Harbor, Inc. shall submit a Notification of Enrollment and a Supervised Visitation Site Report for violation of rules to the Court.

F) This case is set for a status hearing on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m. in Courtroom \_\_\_\_\_.

G) Other Orders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

Judge: \_\_\_\_\_