

**DV-150**

**Supervised Visitation and Exchange Order**

Case Number: \_\_\_\_\_

This form is attached to  DV-111, Temporary Restraining Order  DV-130, Order After Hearing

1 Protected person's name: \_\_\_\_\_  Mom  Dad  Other

2 Other parent's name: \_\_\_\_\_  Mom  Dad  Other

**The Court Orders:**

3 Parent to be supervised is:  Mom  Dad  Other (name): \_\_\_\_\_

4 **Type of Supervision**

- a.  Supervised visitation
- b.  Supervised exchange for all exchanges as listed on Form DV-140.
- c.  Therapeutic visitation (licensed mental health professional)

5 **Type of Provider**

- a.  Professional (individual or supervised visitation center)
- b.  Nonprofessional

6 **Provider's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

7 **Schedule of Visits and Exchanges**

\_\_\_\_\_ hours per week or other amount as scheduled with the supervisor. See also ⑩ below.

8 **Costs will be paid as follows:**

- Mom to pay: \_\_\_\_\_ %
- Dad to pay: \_\_\_\_\_ %
- Other: \_\_\_\_\_

9 **Contact With Provider**

- Mom to contact provider before (date): \_\_\_\_\_
- Dad to contact provider before (date): \_\_\_\_\_
- Other: \_\_\_\_\_

10 **Parties are ordered to follow the guidelines and rules of the provider.**

11 **The court also orders (specify):** \_\_\_\_\_

**This is a Court Order.**

