

FORENSIC COUNSELING SERVICES

SUPERVISED VISITATION “DESIGNATED ALTERNATE” FORM

Please fill this form out completely. You are responsible for providing updates if any information changes.

Your Name: _____
Last
First
Middle
Maiden/Other names by which you are known

Present Address: _____
Street
Apt. #
City
State
Zip Code

Telephone Numbers: _____
Home
Work
Cel
Fax

Age: _____ Date of Birth: _____ Drivers License: _____
Number/State

Please submit a copy of your driver’s license or government identification card with this form.

Children: *List the child or children involved in the court action. Use additional pages if needed.*

Name	Age	Date of Birth	Resides primarily with:

I have been designated as a competent adult by _____ (custodial person name) to pick up and drop off the above named child or children if the custodial person is not available during the scheduled exchange day and time. I understand I am responsible for complying with the guidelines for supervised visitation, which I have read and acknowledged.

Designee Signature: _____ Date: _____

Custodial Person Signature: _____ Date: _____

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