

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

Plaintiff

v.

Defendant

:
:
:
:
:
:
:

NO: ____ FS ____

CIVIL ACTION - CUSTODY

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CUSTODY SUPERVISION AFFIDAVIT

I, _____, hereby agree to supervise periods of contact and physical custody exercised between _____ and the following minor child(ren):

<u>Child's initials:</u>	<u>Year of birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

THE FULL NAME(S) AND DATE(S) OF BIRTH OF THE CHILD(REN) LISTED HEREIN IS/ARE ON RECORD AT THE TIOGA COUNTY COURTHOUSE IN A CONFIDENTIAL INFORMATION FORM OR CONTAINED IN PRIOR COURT FILINGS UNDER SEAL (SEE TIOGA COUNTY LOCAL RULE NO. 102, EFFECTIVE JANUARY 6, 2018).

I am aware that a custody order was entered by the Court on ____/____/_____ that requires supervision of the above-named party's contact with and physical custody of the above-listed child(ren), and by this Affidavit I agree to be accountable to the Court as a supervisor in accordance with the terms and conditions of such custody order.

Unless specifically permitted by the custody order, I will not allow the above-listed child(ren) and the supervised person to be left alone at any time. I understand that the role of supervisor normally requires my constant physical presence with the child(ren) and the supervised person.

If the supervised person engages in any conduct that imperils the health or safety of the above-listed child(ren), I will immediately intervene to protect the above-listed child(ren) and, if reasonably necessary, I will terminate the contact or visitation with the supervised person until either the threat is abated or further instructions are received from the court.

I will make records of any conduct by the supervised person that may be harmful to the best interests of the above-listed child(ren), and I will promptly report the same to all parties in this case or to their legal counsel. I understand that I cannot delegate my responsibility as a supervisor to anyone else without prior approval of the Court.

I am aware that I may be found in contempt of court if I do not comply with the court's custody order and with the terms and conditions contained herein, and I am aware that if found in contempt I may be fined or incarcerated, or both.

VERIFICATION

I verify that the statements made in this Affidavit are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 PA. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

X _____
Signature