

IN THE CIRCUIT COURT OF THE
NINTH JUDICIAL CIRCUIT, IN AND
FOR ORANGE COUNTY, FLORIDA

CASE NO: DR _____

IN RE: THE MATTER OF

_____,
Petitioner

and

_____,
Respondent

_____/

ORDER FOR SUPERVISED VISITATION

After hearing evidence that established that

- a. The safety of the minor children OR
- b. The access of the nonresidential parent, _____

would likely be compromised and that no reasonable alternative is available except by use of the **Family Ties** program,

It is hereby ORDERED and ADJUDGED that:

1. Supervised visits with:

_____, D.O.B. _____
_____, D.O.B. _____
_____, D.O.B. _____

shall be arranged and completed through the **Family Ties** program. The supervised visitations will be scheduled by the **Family Ties** program and shall take place at Cherokee School, 550 S. Eola Ave., Orlando, Florida, during the standard hours as set by the **Family Ties** program.

2. Both parties shall contact the **Family Ties** office at (407) 836-0426 within five (5) business days of the date of this Order to begin the process of scheduling supervised visitations. Failure to contact the **Family Ties** office within said time may result in the family not being able to use the **Family Ties** services and the Court issuing sanctions against the non-complying party or parties.

3. Visits will be for two hours every other Saturday or Sunday (excluding Holidays.) Pursuant to the time frames and conditions set forth by the **Family Ties** program, Family Ties will conduct said visits for a period of six consecutive months from the date of the first scheduled visit. At the conclusion of the six months, Family Ties shall automatically terminate the visits, unless extended by Order of the Court. Further, Family Ties services may be terminated at any time due to non-compliance of either party.

4. The cost of supervision will be
- () \$20.00 **per visit**, to be paid equally by both parents (\$10 each)
- () Waived for
 _____ the petitioner
 _____ the respondent
 _____ both parties
- () Other:
 \$ _____ **per visit** to be paid by the Petitioner
 \$ _____ **per visit** to be paid by the Respondent

Said payments shall be paid to the Domestic Clerk's Office, Suite 320, 425 North Orange Ave., Orlando, Florida, 32801, Monday through Friday 8:00 a.m. until 4:00 p.m. Said payment shall be made no later than the Tuesday before the scheduled supervised visitation.

5. The parties shall follow the Rules, policies, and directives of the staff of the **Family Ties** program and law enforcement agency at the Center. Failure to follow said Rules, policies, and directives may result in the family being removed from the **Family Ties** program and/or the court entering sanctions against the responsible party or parties.

6. The parties shall notify the **Family Ties** program at (407) 836-0426, two (2) business days prior to the scheduled supervised visitation, if they cannot keep a scheduled supervised visitation. Failure to do so will result in the parties being required to pay for the scheduled supervised visitation.

7. The **Family Ties** and law enforcement personnel at the **Family Ties** site shall implement this Order by all lawful means to accomplish its purpose in providing safe and regular contact between the child(ren) and visiting parents. Any reports kept on file at **Family Ties**, including observation and/or incident reports, will be submitted by request of the Court, or by subpoena of either party.

8. This order will be reviewed upon either Motion of the parties, or at the initiation of the Court.

DONE AND ORDERED at Orange County, Florida, this _____ day of _____, _____.

 Circuit Judge

- _____ COPY HAND DELIVERED TO BOTH PARTIES IN OPEN COURT.
 _____ COPY HAND DELIVERED IN OPEN COURT TO PETITIONER AND PETITIONER DIRECTED TO IMMEDIATELY MAIL A COPY OF THIS ORDER TO RESPONDENT.
 _____ COUNSEL TO FURNISH COPIES TO ALL PARTIES.
 _____ COPY TO FAMILY TIES.