

# Upper Circle Inc.

## 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 \_\_\_\_\_ (parent name) to pick up and drop off the above named child or children if the custodial parent 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 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_