: IN THE COURT OF COMMON PLEAS
Plaintiff : OF BERKS COUNTY, PENNSYLVANIA

: CIVIL ACTION - LAW

vs. : CHILD CUSTODY

: No.

Defendant : Assigned to: J.

AFFIDAVIT OF ACCOUNTABILITY

	I, hereby agree to supervise the physical custody (name of party) with the following child/ren:		ody of	
CHIL	D'S INITIALS	AGE	YEAR OF BIRTH	
·	by of the Order is attached to the My relationship to the minor	nis Affidavit as Exhibit "A child/ren is that of the following requireme	er dated A". ents and conditions of the role o	
	l am aware that supervised r	physical custody has be	en ordered	
[]	I am aware that supervised physical custody has been ordered. I understand that being a visit supervisor requires my physical presence with the child/ren and the person to be supervised for the entire visit and that the minor child/ren will not be alone with the supervised person at any time.			
[]		derstand that if excursions are permitted by the Court Order that I must accompany minor child/ren and the person to be supervised on any and all excursions, no matter short or long in duration.		

[]	I will make prompt notation of any behavior of the person to be supervised which I believe to be harmful to the best interests of the child/ren in this matter and I will make a prompt report of those observations to counsel for both parties within twenty-four (24) hours.			
[]	I will not permit the person to be supervised to drive a motor vehicle after having consumed alcoholic beverages or controlled substances, or while under the influence of alcohol or controlled substances, with the child/ren present in the motor vehicle. At all times, I shall ensure that the child/ren are securely fastened in an appropriate passenger restraint.			
[]	I will not permit the person to be supervised to operate dangerous machinery in the presence of the child/ren after having consumed alcoholic beverages or controlled substances, or while under the influence of alcohol or controlled substances.			
[]	I agree to immediately terminate any period of supervised custody where the supervised party appears to be under the influence of alcohol, illegal drugs, or un-prescribed or excessive prescription medication.			
[]	Special provisions:			
	I agree to be fully accountable to the Court as a supervisor in this matter.			
	I understand that I cannot delegate my responsibility as a supervisor to anyone else without prior approval of the Court.			
	I understand that my obligation as a supervisor remains in effect as long as the			
	Custody Order is in effect, or so long as I am authorized, or until revoked by me by my filing a Notice of Revocation in the Prothonotary's Office and serving			
	copies of that notice on the parties and the Court.			
	I am aware that I may be found in contempt of court if I do not comply with the			

requirements of a supervisor as set forth above.

I understand that if I am found to be in contempt I may be fined or incarcerated or both.

I verify that the statements made in this Affidavit are true and correct. I understand that false statements are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Date	Printed Name of Supervisor	
	Signature of Supervisor	
	Address:	
	Home/Cell Phone	Work Phone
	Email Address	