

SUPERVISED VISITATION/EXCHANGE COURT ORDER

State of N.C or _____ vs. _____ Case#: _____
Plaintiff Defendant

Reason for referral (check all that apply):

- Domestic Violence Allegations or History Children Witness Abuse
Child Abuse Allegations or History Poor Parenting Skills or Allegations of History
Emotional Physical Sexual Neglect Abduction Risk (threat or attempted kidnapping)
Substance Abuse Allegations or History Lack of Contact/Re-introduction
Lack of Access/ Alienation of Child(ren) Other, specify: _____
Diagnosed Mental Illness: If known, specify _____

I. SUPERVISED VISITATION:

The above named defendant/ plaintiff, _____, may visit minor child(ren), _____, only under the supervision of the Triangle Family Services Time Together Supervised Visitation/Exchange Program and SHALL:

- 1. (Applies to both parents) Contact Time Together (919-836-8740, 700 Blue Ridge Rd. Ste. 101, Raleigh, NC 27606) within ten days of the order to schedule an Intake. Participate in Intake and Educational Class as required by the program and timely pay the required fee for the Intake and class with Plaintiff paying _____ % and Defendant paying _____% of the fee.
2. (Applies to both parents) Agree to, and comply with all Time Together rules and policies.
3. (Applies to both parents) Agree to release of information of all records regarding the visitation to Wake County District Court.
4. Assume all cost of visitation fees as determined by Time Together fee scale & make payments on established schedule OR

The Court has determined that the defendant and plaintiff shall split the fees as follows:

Defendant _____ % and Plaintiff _____ % (Fees would still be determined by Time Together fee scale.)

Visit is not to exceed the frequency indicated below, but may be less at the discretion of the Time Together staff or due to lack of availability of supervised visitation services.

- Once a week, two hours per visit Three times a week, two hour per visit Once a month, two hours per visit
Twice a week, two hours per visit Every other week, two hours per visit Other: _____

II. MONITORED EXCHANGE:

The above named defendant/plaintiff, _____, may pick up and return minor child(ren), _____ for unsupervised visits only through Triangle Family Services Time Together Supervised Visitation /Exchange Program and SHALL:

- 1. Comply with 1 through 4 stated above under the "Supervised Visitation" section AND
2. (Applies to both parents) Pick up and return child(ren) promptly at time scheduled by Time Together.

Exchanges are not to exceed the frequency indicated below, but may be less at the discretion of the Time Together staff or due to lack of availability of supervised visitation/exchange services.

Overnight Visitation:

- Friday to Sunday every week
Friday to Sunday every other week
Friday to Sunday once per month
As stated in existing domestic court order (attached)
Other (describe frequency): _____

Day Visitation:

- Once per week for a maximum of 7 hours per visit
Once every other week for a maximum of 7 hours per visit
Twice per week for a maximum of 7 hours per visit
As stated in existing domestic court order (attached)
Other (describe frequency): _____

III. THERAPEUTIC SUPERVISED VISITATION:

The above named defendant/plaintiff, _____, may visit minor child(ren), _____, only after evaluation for therapeutic visitation is completed by Time Together staff to determine means of supervised visitation and SHALL:

- 1. (Applies to both parents) Contact Time Together (919-836-8740, 700 Blue Ridge Rd. Ste.101, Raleigh, NC 27606) within ten days of order to schedule an intake. Participate in Intake and orientation as required by the program.
2. (Applies to both parents) Agree to, and comply with visitation as determined by Time Together's therapeutic visitation staff.
3. Assume all costs of visitation fees (Initial Assessment: \$135; cost per visit: \$95) & make payments on established schedule OR

The Court has determined that the defendant and plaintiff shall split the fees as follows:

Defendant _____% and Plaintiff _____%

- 4. (Applies to both parents) Agree to release of information of all records regarding the visitation to Wake County District Court. Visit is not to exceed the frequency indicated below but may be less at the recommendation of the therapeutic visitation therapists, at the discretion of the Time Together staff, or due to lack of availability of therapeutic visitation services.
Frequency of visitation as determined by court (specify): _____

NOTE: After a period of time, if this model of visitation service is not meeting the needs of the family, trained clinical staff will assist in determining the appropriate service based on the needs of the family and the court's mandate.

THIS SUPERVISED VISITATION/EXCHANGE ORDER SHALL TERMINATE: (specify date or time frame) _____ OR IN ACCORDANCE WITH THE CUSTODY ORDER OF THIS COURT. HOWEVER, FAMILIES MAY CHOOSE TO CONTINUE USING VISITATION/EXCHANGE SERVICES ON A VOLUNTARY BASIS.

Date: _____ Judge: _____ Signature _____

(Parents must provide this order to Time Together to schedule their Intake)