

IN THE CIRCUIT COURT OF THE COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS

IN RE: [] Marriage [] Civil Union [] Legal Separation [] Allocation of Parental Responsibilities
[] Visitation (Non-Parent) [] Support [] Parentage of:

Petitioner

and

Respondent

No.: _____

Calendar: _____

SUPERVISED PARENTING TIME / VISITATION (NON-PARENT) ORDER - AGENCY ONLY

This case coming to be heard on [] Petitioner's [] Respondent's [] Other for _____, all parties being advised of the premises, [] Petitioner ([] with counsel [] pro se) [] Respondent ([] with counsel [] pro se) appearing and this court having jurisdiction over the subject matter, [] by agreement [] after hearing,

IT IS HEREBY ORDERED that the [] Petitioner [] Respondent's [] Other shall have

7620 [] Supervised parenting time [] Safe exchange with _____ at

7625 [] Supervised visitation (non-parents) _____ Name(s) of Child(ren)

[] A. Notice of Personal Identity Information within Court Filing form (CCG 0502) has been filed under seal, containing the full name(s) and date(s) of birth of the minor(s).

7621 [] Order for Supervised Parenting Time - Agency Only

7626 [] Order for Supervised Visitation (non-parent) - Agency Only

(Agency checked below is the preferred provider.)

[] Apna Ghar

4350 N. Broadway, 2nd Floor; Chicago, IL 60602; Telephone: (773) 334-0173; Fax: (773) 334-0963

[] Metropolitan Family Services

3843 W. 63rd Street; Chicago, IL 60629; Telephone: (773) 884-3310; Fax: (773) 884-0003

[] Mujeres Latinas en Acci3n

1823 W. 17th Street; Chicago, IL 60602; Telephone: (773) 890-7676; Fax: (773) 890-7650

[] Other professional supervisory service _____

B. SPECIAL CONSIDERATIONS

[] Order of Protection Protected Party: _____ Order No. _____

[] Other: _____

C. Identification of parties, children, attorney, GAL, and/or child representative

Child(ren)'s Full Name(s) Age D.O.B. Person with whom Child(ren) Reside(s)

Petitioner

Name: _____

*Address: _____

Date of Birth: _____

Home Telephone No.: _____

Work Telephone No.: _____

Petitioner's Attorney

Name: _____

Address: _____

Telephone No.: _____

Fax: _____

(* If party has not disclosed an address, that party shall designate an alternative address for the purpose of notice.)

Respondent

Name: _____
*Address: _____

Date of Birth: _____
Home Telephone No.: _____
Work Telephone No.: _____

Other

Name: _____
*Address: _____

Date of Birth: _____
Home Telephone No.: _____
Work Telephone No.: _____

Child's Representative/Guardian Ad Litem Attorney for Child

Name: _____
Address: _____

Telephone No.: _____
Fax: _____

Respondent's Attorney

Name: _____
Address: _____

Telephone No.: _____
Fax: _____

Other Attorney

Name: _____
Address: _____

Telephone No.: _____
Fax: _____

D. Suggested schedule of parenting time or visitation: Please indicate frequency, i.e. weekly or monthly

(suggested parenting time or visitation schedule is contingent upon supervised visitation center availability and parties must make every effort to make themselves available for supervised visitation.)

E. Parenting time or visitation scheduling restrictions (optional):

F. Costs will be paid as follows:

No Charge:

4386 Payment is ordered as follows (%): _____

G. Contact with provider:

Petitioner to contact provider before (date): _____, _____.

Respondent to contact provider before (date): _____, _____.

4406 H. This matter is set for status on _____ at _____ a.m. p.m. in Room _____

4297 I. The attorney for shall contact the referred agency within ten (10) days of the entry of this order and transmit all appropriate pleadings with this order within ten (10) days of the entry of this order:

4215 All parties shall promptly and full comply with the requirements of any referring agency.

Atty. No.: _____

Atty. Name: _____

Atty. for: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Fax: _____

ENTERED:

Dated: _____

Judge

Judge's No.

***If a party has not disclosed an address, that party shall designate an alternative address for the purpose of notice.**