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

Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Petitioner

Vs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respondent

**ORDER FOR SUPERVISED VISITATION**

After hearing evidence that established that a. The safety of the minor children; OR b. The access of the visiting parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the child(ren) would likely be compromised and that no reasonable alternative is available except the use of the Family Ties Program;

It is hereby **ORDERED and ADJUDGED** that:

Parties to participate in supervised visits:

**Children:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Supervised visits shall be arranged and completed through the Family Ties Program. The supervised visitations will be scheduled by the Family Ties Program pursuant to the time frames, conditions, policies and procedures set forth by said program.
2. The parties shall contact the Family Ties Program at **(407) 836-0426** or by e-mail at familyties@ocnjcc.org within **five (5) business days** of the date of this Order to begin the process of arranging an orientation prior to scheduling supervised visits. Failure to contact the Family Ties Program within said time may result in the family being unable to use the Family Ties Program services and the Court issuing sanctions against the non-complying party or parties.
3. Visits will be for two hours on Saturday or Sunday (excluding Court holidays)and will be

 **( )** weekly

 **( )** bi-weekly.

Supervised visits shall take place at **Lake Como School, 2450 E. Gore St., Orlando, Fl 32806** during the standard hours set by the Family Ties Program.

1. The Family Ties Program will conduct said visits **until the expiration of the injunction or for a period of six months from the date of the first scheduled supervised visit (whichever comes first).** At the conclusion of said time period, the Family Ties Program shall automatically terminate the visits unless extended by Order of the Court. Furthermore, the Family Ties Program services may be terminated by the program or Court at any time due to non-compliance of either party.
2. 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 payable to the Clerk of the Court and paid at the Family Court Services, located at the Orange County Clerk of Courts, 425 N. Orange Avenue, Room 320, Orlando, Fl 32801.** Monday through Friday, 8:00 a.m. through 4:00 p.m. Said payments shall be made no later than the Tuesday before the scheduled supervised visitation. The failure to pay may result in the supervised visitation being cancelled and/or the non-complying party being ordered before the Court for contempt proceedings.

1. The parties shall follow the rules, policies and directives of the staff of the Family Ties Program and law enforcement agency at the site. 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.
2. The parties shall notify the **Family Ties Program at (407) 836-0426**, at least **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. Continuous and unexcused cancellations will be reported to the Court and may result in the family being removed from the Family Ties Program and/or the Court entering sanctions against the responsible party.
3. The Family Ties Program and law enforcement personnel at the site shall implement this Order by all lawful means in order to accomplish its purpose in providing safe and regular contact between the child(ren) and parents. Reports of the supervised visitation shall be submitted to the Court by the Family Ties Program.
4. The Court notes that there is an Orange companion case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and directs the Clerk of the court to file a copy of this order in said companion case number.
5. Upon proper notice, this order may be reviewed, extended, modified or terminated upon a motion or written stipulation of the parties or at the Court’s Initiative.

**Additional Rulings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DONE AND ORDERED** in Orlando, Orange County, Florida, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 , Circuit Judge

Copies to:

🞏 Petitioner (or his/her attorney) 🞏 Mailed 🞏 Hand Delivered

🞏 Respondent (or his/her attorney) 🞏 Mailed 🞏 Hand Delivered

**🞏 Family Ties Program email at** **familyties@ocnjcc.org**

 I HEREBY CERTIFY that the foregoing is a true copy of the original as it appears in the file of the Office of the Clerk of the Circuit Court of Orange County, and that I have furnished copies of this order as indicate above.

 **Tiffany Moore Russell** Clerk of the Circuit Court

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Deputy Clerk**