## IN THE COURT OF COMMON PLEAS OF MONROE COUNTY, PENNSYLVANIA

	_	: : Case	No	
Plaint	iff	:		
	<b>V.</b>	:		
Defen	dant	: IN CU	STODY	
	AFFIDAVIT (	OF ACCOUNTA	BILITY	
	I,		(print name), hereby agree to	
			(print name), hereby agree to (print	
	of supervised party) (hereinafter '	•	, ,	
ne/sne	will exercise periods of physical	•	• , ,	
	NAME	AGE	DATE OF BIRTH	
	The Supervised Party has been a	•		
	I A copy of the Order is attached to this Affidavit as Exhibit "A."			
	My relationship to the aforesaid minor child(ren) is that of			
	My relationship to the Supervised Party is that of			
	By initialing below, I understar	nd and agree to	all of the following:	
 superv	I agree to abide by and fulfill the isor.	requirements a	nd conditions of the role of	
	I am aware that circumstances h al custody.	ave arisen shov	ving a need for supervised	
	I will not, under any circumstance o be alone at any time.	es, allow the mi	nor child(ren) and the Supervised	

I understand that the role of a supervisor requires my constant physical presence with the child(ren) and the Supervised Party for the period of time that the Supervised Party has physical custody of the minor child(ren) pursuant to the Custody Order.
I understand that I must accompany the minor child(ren) and the Supervised Party on any and all excursions, no matter how short or long in duration, as required by the Custody Order and if such excursions are permissible in this case.
I will make prompt notations of any behavior of the Supervised Party which I believe to be harmful to the best interest(s) of the child(ren) in this matter and I will make a prompt report of those observations, in writing via email or text message, to counsel for both parties and/or to any self-represented party within 24 hours.
I agree to immediately terminate any period of physical custody where the Supervised Party appears to be under the influence of alcohol, illegal drugs, or unprescribed or excessive prescription medication. I will make a prompt report of the ended visit and the circumstances requiring the termination of the visit, in writing via email or text message, to counsel for both parties and/or to any self-represented party as soon as practicable, but no longer than 24 hours after the terminated visit.
I will not permit the Supervised Party to drive a motor vehicle after having consumed, or while under the influence of, alcoholic beverages 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 Supervised Party to operate dangerous machinery, including any firearms or weapons, in the presence of the child(ren), whether or not he/she has consumed, or is under the influence of, alcoholic beverages or controlled substances.
I understand I cannot delegate my responsibilities as supervisor to anyone else without the prior approval of the Court.
I understand that I can request to be removed as a supervisor in this case but that my obligation as a supervisor remains in effect until my request for removal is reviewed and approved by the Court.
Additional provisions:

verify that the statements made in	able to the Court as a supervisor in this matter. I further n this Affidavit of Accountability are true and correct. I nerein are made subject to penalties of 18 Pa. C.S. cations.	
Date Date	Signature of Supervisor	
	Print Name of Supervisor	
	Address of Supervisor	
	Home Telephone of Supervisor	
	Cellular Telephone of Supervisor	
	Email Address of Supervisor	
NOTICE: THE SUPERVISED PARTY SHALL FILE THE COMPLETED AND SIGNED AFFIDAVIT OF ACCOUNTABILITY WITH THE COURT AND SERVE A TIME-STAMPED COPY ON ALL OTHER PARTIES PRIOR TO THE NEXT SCHEDULED HEARING.		
FOR COURT USE ONLY:		
The above affiant has been found	d capable of promoting the child's safety.	
Date Colloquized:		
	Signature of (circle one) Hearing Officer/Judge	