

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

Petitioner
v.

Respondent

)
)
)
) Gen No. _____
)
)
)

Prior Orders of Protection

Supervised Visitation/Exchange Order - Family Visitation Center of Lake County

This matter coming before the Court, the Court having jurisdiction of the parties and the subject matter hereto, and the Court being fully advised in the premises;

A Hearing was held on _____, 20__ concerning a:
 Paternity Action Dissolution of Marriage Criminal Proceeding
 Petition for Order of Protection Post-Judgment action Other: _____

THE COURT FINDS that Supervised Visitation or Supervised Exchange Services will be facilitated by the use of the **Family Visitation Center of Lake County (hereinafter FVC), 541 N. Lake St., Mundelein, IL 60060; 847-731-7165, Fax: 224-475-0226**

IT IS HEREBY ORDERED THAT:

- A. **Parties are responsible for calling the FVC within seven (7) days to begin the orientation process at Phone Number 847-731-7165.** Press 4. All services are by APPOINTMENT ONLY. FVC services shall begin upon completion of individual Orientations with each parent or legal guardian and child(ren). If a party does not contact the FVC within seven days, the case will be closed. After completion of the orientation, the FVC shall determine if the case is eligible for service.
- B. Each of the parties shall comply with all of the Rules and Guidelines as established by the FVC.
- C. Supervised Visitation services and Supervised Exchanges shall take place at the FVC in accordance with FVC Policies and Procedures
- D. FVC services are specifically designed to provide safety in and around the FVC facility before, during, and after the visits. The FVC shall NOT provide parenting assessments or custody/visitation recommendations.
- E. The FVC reserves the right to refuse or terminate services. Written notice with reason for refusal or termination of services shall be provided to the Court and all parties.
- F. Unless otherwise specified by the Court, the non-custodial parent is responsible for payment of supervised visitation or supervised exchange fees and a one-time orientation fee. Fees shall be determined on a sliding scale and are based on individual income. The amount will be determined at the orientation.

G. The parties; _____, the Non-custodial Parent and _____, the Custodial Parent shall participate in: Supervised Visitation, Supervised Exchange with the following children.

(Please print **ONLY** the Initials of the child(ren)):

- Child's Initials _____

H. Interpreter services for _____ are requested for _____.
(indicate language) (Indicate party here)

I. Supervised Visitation services shall take place at the FVC in accordance with FVC Policies and Procedures. The FVC may determine the visitation schedule based on the following criteria and subject to FVC availability:
 Weekly one hour visits
 Alternate weekly one hour visits
(Visitation schedule is contingent upon FVC availability and generally for one hour timeframes and parties must make every effort to make themselves available for supervised visitation)

J. Supervised Exchanges shall take place at the FVC in accordance with FVC policies and procedures. The custody exchange schedule shall be determined by the FVC and subject to available openings.

Suggested schedule (if any): _____

The Family Visitation Center is closed on Thanksgiving Day, Christmas Day & New Year's Day and for occasional all-staff trainings. During such closures the FVC may revise the exchange schedule or find an alternate location for the exchanges.

K. Orders of Protection: None currently pending; Copies will be submitted at or before the orientation.

L. The Clerk shall fax a copy of this order to the FVC at **Fax Number 224-475-0226**.

M. Other Provisions (Optional): _____

N. This Order shall remain in effect until _____, 20__ or until further Order of the Court.

O. This matter is set for status on _____, 20__ at ___M in Room _____.

Dated at Waukegan, Illinois this

_____ day of _____, 20__.

ENTER:

Judge

Prepared by:

Name: _____ Pro Se

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

ARDC #: _____

E-mail address: _____