## IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS Petitioner )Case No. ٧. **Prior Orders of Protection** Respondent 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 ☐ Post-Judgment action ☐ Other: ☐ Petition for Order of Protection 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), 2 E. Rollins Rd., Suite 106, Round Lake Beach, IL 60073 847-731-7165. 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. \_\_, the Non-custodial Parent and G. The parties; 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 \_\_\_\_\_ Child's Initials Child's Initials

Child's Initials \_\_\_\_\_

	Н.	Interpreter services for	are	reques	ted for	(Indicate party here)	
		•	(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 policie exchange schedule shall be determined by the FVC and subject to available opening.						
		Suggested Schedule:					
		The Family Visitation Center is call-staff trainings.	closed on Thanksgiving Day, Chri	istmas [	Day & N	New Year's Day and for occasional	
	K.	Orders of Protection: ☐ None currently pending; ☐ Copies will be submitted at or before the orientation.					
	L.	The Court appointed GAL shall have access to Family Visitation Center records.					
	M.	. The Clerk shall email a copy of this order to the FVC at fvc@asafeplaceforhelp.org.					
	N.	Other Provisions (Optional):					
	Ο.	This Order shall remain in effect	t until		_, 20_	or until further Order of the Court.	
	P.	This matter is set for status on _		_, 20	_ at	M in Room	
Date	ed th	is day of,	20				
			ENTER:	:			
						JUDG	
Nam Addi City: Phoi	ie: Tess: Tes: ne: _	d by: :Zip Co	SRL □ State: ode:				
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