## SUPERVISION NOTICE

## To: Parent

The court has required that a supervisor be present during transfers/placement periods, pursuant to sec. 767.24(6)(g). The designated supervisor must be willing to accept this responsibility. The parent who wishes to exercise periods of placement shall provide the attached affidavit to the designated supervisor. The supervisor must sign the affidavit under oath in the presence of a notary public. The parent must then make copies for both parents and the supervisor before sending the originals to:

Office of the Family Court Commissioner Racine County Courthouse, 5<sup>th</sup> Floor 730 Wisconsin Avenue Racine, WI 53403

If the designated supervisor is unwilling to accept the responsibility for supervision as outlined in the attached affidavit, transfers/periods of placement may only occur at the Hand to Hand program, and the time periods may be adjusted to fit within the program's availability. Both parents must contact the Hand to Hand program at (262)637-3826 (Office Number) (262)633-3233 (24 hour crisis line).

State of Wisconsin

In re the Marriage of:	SUPERVISORS AFFIDAVIT
-and-	Case No.
State of Wisconsin ) )ss. Racine County )	

As supervisor(s) assuming the responsibilities imposed by the court to provide the child(ren) who (is)(are) the subject of this placement order, being first duly sworn on oath,

I(We)\_\_\_\_\_

## DO HEREBY STATE:

a) I/We will protect the child(ren) from all <u>abuse</u>, <u>danger</u> or any other negative experience that may occur when placement is being transferred or exercised.

b) I/We will use all available means to insure the child(ren)'s safety before, during and after the placement including, if necessary, termination of the placement and/or protecting the child(ren) from any threat to the child(ren).

c) I/We will report to the court any acts or statements of the parent exercising placement which could cause danger or jeopardize the safety or well being of the child(ren).

d) I/We shall be accountable to the court with respect to the forgoing responsibilities of supervision.

Subscribed and sworn to before me this \_\_\_\_\_Day of \_\_\_\_\_,2004.

Notary Public, Racine County, Wisconsin My Commission expires:\_\_\_\_\_

is permanent