

	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	OF THE 17 TH JUDICIAL DISTRICT
vs.	:	OF PENNSYLVANIA
	:	SNYDER COUNTY BRANCH
	:	
Defendant	:	CIVIL ACTION – LAW
	:	
		NO: _____

AFFIDAVIT OF ACCOUNTABILITY

I _____, hereby agree to supervise the physical custody of _____
(name of party) with the following child/ren.

NAME:	AGE:	DOB:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The supervised physical custody is provided in an Order dated _____. A copy of the Order is attached to the Affidavit as Exhibit "A".

My relationship to the above listed minor child/ren is that of _____.

I agree to abide by and fulfill the following requirements and conditions to the role of supervisor: (Check boxes of all those that apply below):

- ☐ I am aware that circumstances have arisen showing a need for supervised physical custody.
- ☐ I understand that I must accompany the minor child/ren and the person to be supervised on any and all visits and 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 notation of any behavior of the person to be supervised which I believe to be harmful to the best interests of the child/ren in this matter; and I will make a prompt report of those observations to counsel for both parties.

☐ I will not permit the person to be supervised to drive a motor vehicle after having consumed alcoholic beverages or controlled substances, or while under the influence of alcohol or controlled substances, with the child/ren present in the motor vehicle. At all times, I shall insure that the child/ren are securely fastened in an appropriate passenger restraint.

☐ I will not permit the person to be supervised to operate dangerous machinery in the presence of the child/ren after having consumed alcoholic beverages or controlled substance, or while under the influence of alcohol or controlled substance.

☐ I understand that I cannot delegate my responsibility as a supervisor to anyone else with the prior approval of the Court.

☐ Additional provisions:

☐ I agree to be fully accountable to the Court as a supervisor in this matter.

Date:

Print Name of Supervisor

Signature of Supervisor

Address:

Home/ Cell Phone:

Work Phone:

Email address: