	Supervised V Exchange Or	/isitation and der	Cas	e Number:
This form is attached to		nporary Restraining Id Custody and Visi		130, Restraining Order After Hearing
1 Name of Prote	cted Person:	Sally Smith		☑ Mom 🔲 Dad 🔲 Other*
2 Other Parent's	Name: John S	Smith		Mom ☑ Dad □ Other*
*If Other, specify re	lationship to child:			
The Court O	rders:			
b. 🔲 Visitation	st go to mediation of children is supe e supervised is:	at: rvised. Mom Dad [
b. 🔲 Supervised c. 🔲 Other sche	s provided in the s l visits shall be	schedule on Form D visit(s) per week	ofhour(s)	d) are to be supervised. each, to be arranged with the provide tach a sheet of paper with "DV-150,
5 Type of Provic a. Professiona b. Nonprofess	al (individual or su	upervised visitation of	center)	
Telephone number	r:			
Dad to pay: _ Other:		% %		
Dad to contac	nct provider before t provider before ((date): (date):		
(9) The court also	<pre>orders(specify)</pre>):		

This is a Court Order.