CHILD'S NAME:	CASE NUMBER:
VISITATION ATTACHMENT: SIBLING) }
1. Anyone who appears to be under the influence of alcohol or any controlled subscheduled visit with the child. The visitation supervisor may terminate the visit i	·
 Matters relating to the allegations of the petition or issues related to the child's child during visits except under the guidance of a counselor in a therapeutic se the visit if this order is violated. 	
3. The prior order of the court suspending	
a. in-person contact b. written communication	telephone contact
(1) continues to be necessary and remains in full force and	l effect for the following reasons (specify):
(2) is modified as set forth in item 4. item	m 5.
4. Contact between the child and the child's sibling (name):	
a. In-person visitation (1) Unsupervised	
(2) Supervised by the	
 , ,	nily agency
(3) Frequency and duration	
(a) times per week for a total of hours pe (b) times per month for a total of hours pe (c) An overnight visit every week eve (d) Other (specify):	
(4) Location (a) Agency visitation facility (c) Foster (b) Other (specify):	family agency facility
 (5) Transportation of the child to and from the visits will be provide (a) county agency. (b) other (specify): 	
(6) Transportation of the child's sibling to and from the visits will be	e provided by the
(a) county agency. (c) foster family age (b) other (specify):	
(7) Other orders concerning in-person visitation (specify):	
b. Other types of contact permitted (specify):	
c. Contact restrictions	
(1) For the reasons set forth below in item (2), the following contact named above <i>in item 4</i> is not to occur until further order of this convincing evidence, that at this time such contact is contrary to child. Child's sibling.	court as the court finds, by clear and
child. child's sibling. (a) In-person contact (b) Written communication	
(c) Telephone contact	
(2) Reasons (specify):	

CHILD'S NAME:	CASE NUMBER:
(b) times per month for a total of home (c) An overnight visit every week every (d) Other (specify): (4) Location (a) Agency visitation facility (c) Foster facility other (specify):	ours per week ours per month ery other week amily agency facility
 (5) Transportation of the child to and from the visits will be provided to a county agency. (c) foster family agency. (b) other (specify): (6) Transportation of the child's sibling to and from the visits will be performed and county agency. (c) foster family agency. (d) other (specify): (7) Other orders concerning in-person visitation (specify): 	rovided by the
 b. Other types of contact permitted (specify): c. Contact restrictions (1) For the reasons set forth below in item (2), the following contact be named above in item 5 is not to occur until further order of this contact convincing evidence, that at this time such contact is contrary to the contact contact (b) In-person contact (a) In-person contact (b) Written communication (c) Telephone contact (2) Reasons (specify): 	urt as the court finds, by clear and
6. Other (specify):	