CHILD'S NAME:	CASE NUMBER:

VISITATION ATTACHMENT: PARENT, LEGAL GUARDIAN, INDIAN CUSTODIAN, OTHER IMPORTANT PERSON

1. ☐ Anyone who appears to be under the influence of alcohol or any controlled substance will not be allowed to participate in a scheduled visitation with the child. The visitation supervisor may terminate the visit if this order is violated.

2. ☐ Matters relating to the allegations of the petition or issues related to the child's placement are not to be discussed with the child during visits except under the guidance of a counselor in a therapeutic setting. The visitation supervisor may terminate the visit if this order is violated.

3. ☐ **Contact between the child and the mother**
   a. ☐ **In-person visitation**
      (1) ☐ Unsupervised
      (2) ☐ Supervised by the
         (a) ☐ county agency (b) ☐ foster family agency
         (c) ☐ other *(specify):*
      (3) Frequency and duration
         (a) ☐ times per week for a total of hours per week
         (b) ☐ times per month for a total of hours per month
         (c) ☐ An overnight visit ☐ every week ☐ every other week
         (d) ☐ Other *(specify):*
      (4) Location
         (a) ☐ Agency visitation facility (b) ☐ Foster family agency facility
         (c) ☐ Other *(specify):*
      (5) Transportation of the child to and from the visits will be provided by the
         (a) ☐ county agency. (b) ☐ foster family agency.
         (c) ☐ other *(specify):*
      (6) ☐ Other orders concerning in-person visitation *(specify):*
   b. ☐ **Other types of contact permitted** *(specify):*
   c. ☐ **Contact restrictions.** The following contact between the child and the mother would be detrimental to the best interest of the child at this time, and the mother is to have no such contact with the child:
      (1) ☐ In-person contact (3) ☐ Telephone contact
      (2) ☐ Written communication

4. ☐ **Contact between the child and** ☐ presumed father ☐ biological father ☐ legal guardian ☐ alleged father ☐ other *(specify):*
   a. ☐ **In-person visitation**
      (1) ☐ Unsupervised
      (2) ☐ Supervised by the
         (a) ☐ county agency (b) ☐ foster family agency
         (c) ☐ other *(specify):*
      (3) Frequency and duration
         (a) ☐ times per week for a total of hours per week
         (b) ☐ times per month for a total of hours per month
         (c) ☐ An overnight visit ☐ every week ☐ every other week
         (d) ☐ Other *(specify):*

Form Approved for Optional Use
Judicial Council of California
JV-400 [Rev. January 1, 2007]

Welfare and Institutions Code, § 361.2;
Cal. Rules of Court, rule 5.670
www.courtinfo.ca.gov

www.accesslaw.com

CHILD'S NAME:	CASE NUMBER:

4. (4) Location
   (a) ☐ Agency visitation facility (b) ☐ Foster family agency facility
   (c) ☐ Other *(specify):*

   (5) Transportation of the child to and from the visits will be provided by the
   (a) ☐ county agency. (b) ☐ foster family agency.
   (c) ☐ other *(specify):*

   (6) ☐ Other orders concerning in-person visitation *(specify):*

   b. ☐ **Other types of contact permitted** *(specify):*

   c. ☐ **Contact restrictions**. The following contact between the child and the specified person would be detrimental to the best interest of the child at this time and the person is to have no such contact with the child:
   (1) ☐ In-person contact (3) ☐ Telephone contact
   (2) ☐ Written communication

5. ☐ **Contact between the child and** ☐ presumed father ☐ biological father ☐ legal guardian ☐ alleged father ☐ other *(specify):*

   a. ☐ **In-person visitation**
   (1) ☐ Unsupervised
   (2) ☐ Supervised by the
   (a) ☐ county agency (b) ☐ foster family agency
   (c) ☐ other *(specify):*

   (3) Frequency and duration
   (a) ☐ times per week for a total of hours per week
   (b) ☐ times per month for a total of hours per month
   (c) ☐ An overnight visit ☐ every week ☐ every other week
   (d) ☐ Other *(specify):*

   (4) Location
   (a) ☐ Agency visitation facility (b) ☐ Foster family agency facility
   (c) ☐ Other *(specify):*

   (5) Transportation of the child to and from the visits will be provided by the
   (a) ☐ county agency. (b) ☐ foster family agency.
   (c) ☐ other *(specify):*

   (6) ☐ Other orders concerning in-person visitation *(specify):*

   b. ☐ **Other types of contact permitted** *(specify):*

   c. ☐ **Contact restrictions**. The following contact between the child and the specified person would be detrimental to the best interest of the child at this time and the specified person is to have no such contact with the child:
   (1) ☐ In-person contact (3) ☐ Telephone contact
   (2) ☐ Written communication

6. ☐ Other *(specify):*