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| SUPREME COURT – PRINCE EDWARD ISLAND  FAMILY SECTION  **AUTHORIZATION FOR SUPERVISED PARENTING TIME AND EXCHANGE PROGRAM** | | | | | | |  | | | | |
|  | **Court File Number:** | | |  |
|  | S1- or S2- | | |  |
|  | | | | |
| 1. **Name of Judge Issuing Referral** | 1. **Date of Order *(Order is Attached)*** | | | | | | 1. **Service Authorized**   *(The maximum number of hours per supervised parenting time referral is 22, and the maximum number of exchanges per supervised exchange referral is 22)* | | | | |
|  | , 20     ­­ | | | | | | **SUPERVISED PARENTING TIME**  **NEW Referral -**        hours  **CONTINUATION Referral -**        hours | | | | |
| **SUPERVISED EXCHANGE**  **NEW Referral -**       exchanges  **CONTINUATION Referral -**       exchanges | | | | |
| 1. **NEXT COURT DATE DEALING WITH THIS ISSUE (if known):**   *Note: It is the responsibility of the parties and/or their counsel to notify the Family Court Counsellors’ Office (FCCO) of court dates at least 3 weeks in advance (or as soon as possible) to allow time for the filing of Observational Notes. The FCCO can be reached at (902) 368-6928 or fcco@gov.pe.ca.* | | | | | | | | | | | |
| 1. **APPLICANT** | | | | | | | | | | | |
| **Background Information**  Full Name and Contact Information (address, phone number, email) | | | | **Lawyer**  (or state if Applicant is self-represented) | | | | | | | |
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| 1. **RESPONDENT** | | | | | | | | | | | |
| **Background Information**  Full Name and Contact Information  (address, phone number, email) | | | | **Lawyer**  (or state if Respondent is self-represented) | | | | | | | |
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| 1. **What is the current parenting time situation?** | | | | | | | | | | | |
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| 1. **Has a Parenting Arrangements Assessment (home study) been requested?** | | | | | | | | | | | |
| No | | | | Yes*.* Date of request: | | | | | | | |
| 1. **The basic information about the child(ren) is as follows:** | | | | | | | | | | | |
| **Child’s full legal name** | | **Age** | | | **Birthdate**  (d, m, y) | **Grade/Year/School** | | | | **Now living with:** | |
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| 1. **Reasons for Referral** *(this part is to be completed by a judge)* | | | | | | | | | | | |
| a)  Concerns regarding parenting ability of:  Applicant  Respondent | | | b)  Concerns that parent has been absent from child(ren)’s life for an extended period of time.  Which parent:  Applicant  Respondent | | | | | | c)  Concerns regarding abuse of child(ren) (physical, sexual, emotional) by:  Applicant  Respondent | | |
| d)  Concerns regarding history of alcohol/drug abuse by:  Applicant  Respondent | | | e)  Unresolved conflict between parents | | | | | | f)  Concerns regarding emotional stability of parent  Which parent(s):  Applicant  Respondent | | |
| g)  Concerns regarding partner abuse by:  Applicant  Respondent | | | h)  Concerns regarding abduction by:  Applicant  Respondent | | | | | | i)  Concerns regarding parent withholding parenting time  Which parent(s):  Applicant  Respondent | | |
| j)  Other: | | | | | | | | | | | |
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| **Comments of judge:** |