

Renewal Affidavit of Compliance for Supervised Visitation Provider

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, (Affiant), who first being duly sworn or affirmed by me, under penalty of perjury, states as follows:

1. My name is _____. I am over the age of 18 and fully competent to make this affidavit. The facts stated herein are true and correct and are based on my personal knowledge.
2. I am the Program Director/Administrator for _____ who is an approved Supervised Visitation Provider authorized to receive referrals for supervised visitation from the Fifteenth Judicial Circuit of Florida.
3. My organization continues to comply with the Minimum Standards established by Florida Supreme Court Administrative Order 99-59, Fifteenth Circuit Administrative Order 5.310, and the provisions of Chapters 39 and 753, Florida Statutes.

Affiant's Signature

Sworn to (or affirmed) and subscribed before me, the undersigned authority, on this _____ day of _____, 20_____.

Personally known _____ Produced identification _____

Type of ID produced _____

Notary Public, Deputy Clerk, or other authority

NAME: _____

Commission No. _____

My Commission Expires: _____