



San Antonio: Bexar, Comal, Guadalupe
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TOGETHER CHANGE IS POSSIBLE

SUPERVISED VISITATION “DESIGNATED ALTERNATE” FORM

Please fill this form out completely. You are responsible for providing updates if any information changes.

Name:	
Physical Address:	
Mailing Address:	
Home Number:	Work Number:
Date of Birth:	Driver’s License Number & Expiration:

Please submit a copy of your driver’s license or government identification card with this form.

List the child or children involved in the court action:			
Child’s Name	Date of Birth	School/Grade	Lives With

<p>I have been designated as a competent adult by _____ (custodial person name) to pick-up and drop-off the child or children named above, if the custodial person is not available during the scheduled exchange day and time. I understand I am responsible for complying with the guidelines for supervised visitation, which I have read and acknowledged.</p>		
Date:	Designee Name:	Signature:
Date:	Custodial Person Name:	Signature: