



- f. No physical discipline; AND
  - g. No threatening behavior.
6. I will cancel the parenting time session if Respondent arrives under the influence of alcohol or drugs.
  7. I will end a parenting time session if Respondent violates any of the rules listed above or it is otherwise necessary to protect the children's safety or best interests.
  8. I understand that I am responsible to the court for carrying out the duties listed in this Affidavit.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

**I certify that everything in the *Affidavit of Parenting Time Supervisor* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

Date: \_\_\_\_\_

*/s/*  
\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Printed Name*

**DO NOT** complete this section. The notary will complete it.

**Notary Public**

State of Illinois

County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_ .  
*Date Name*

*Seal*

\_\_\_\_\_  
*Signature of Notary*