

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT-DOMESTIC RELATIONS DIVISION**

|                    |   |                 |
|--------------------|---|-----------------|
|                    | ) |                 |
| <b>Petitioner,</b> | ) | <b>Case No.</b> |
|                    | ) |                 |
| <b>and</b>         | ) | <b>Cal</b>      |
|                    | ) |                 |
|                    | ) |                 |
|                    | ) |                 |
| <b>Respondent.</b> | ) |                 |

**ORDER**

This matter having been referred to *Safe Travels* for supervised parenting time, IT IS SO ORDERED:

1. The parties and the minor child(ren) shall complete an intake at *Safe Travels* within \_\_\_\_\_ days.
2. Once intake is completed at, and accepted by, *Safe Travels*, (Petitioner or Respondent) shall be scheduled for supervised parenting sessions as follows (include number of days per week and maximum hours per session AND any restrictions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_ is ordered to pay *Safe Travels*' intake fee of \$250.
4. The parties and their respective counsel understand and agree that *Safe Travels* will provide a brief report of each supervised parenting time session to the court and to all attorneys of record after each session. The parties and their respective counsel also understand and agree that if *Safe Travels*' staff is subpoenaed for a deposition or to testify in court, additional fees will be charged by *Safe Travels* as delineated in the *Safe Travels* Agreement that each party must sign.
5. Status on supervised parenting time is set for \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.

Petitioner's Name: \_\_\_\_\_ Respondent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Petitioner's Attorney: \_\_\_\_\_ Respondent's Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Rep/GAL: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JUDGE

Attorney No: \_\_\_\_\_

Name: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_