

SUPERVISED VISITATION PROGRAM PROVIDERS  
AFFIDAVIT OF COMPLIANCE

I, *{full legal name}* \_\_\_\_\_ being sworn, certify that I continue to meet all of the qualifications to be a supervised visitation program provider listed in chapter 753, Florida Statutes, and the Minimum Standards for Supervised Visitation Programs adopted by the Florida Supreme Court.

Full Name:  
(Print)

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Program Name

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Business Address:

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Email Address:

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Phone:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by

\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(Print, type, or stamp commissioned name of notary)

\_\_\_ Personally known

\_\_\_ Produced identification    Type of identification produced: \_\_\_\_\_

Remit annually, no later than June 30th, to:

Director of Court Services  
Seventh Judicial Circuit  
101 N. Alabama Ave., Suite B253  
DeLand, FL 32724  
or via email to: [brinker@circuit7.org](mailto:brinker@circuit7.org)