



**SUPERIOR COURT OF  
CALIFORNIA COUNTY OF  
MERCED**

www.merced.courts.ca.gov

**SUPERVISED VISITATION REPORT**

**REPORT TO BE PLACED IN CONFIDENTIAL SECTION OF THE COURT FILE.**

Supervised provider is to complete this report and email to: Family.Law.Reports@mercedcourt.org or mail to the Merced Superior Court Family Law Clerks Office at (209) 725-4117; 627 W. 21<sup>st</sup> Street, Merced CA 95340.

If you need additional information or have questions, please call Family Court Services at (209) 725-4253.

Document to be submitted to the Court two weeks prior to the further hearing.

Date \_\_\_\_\_ Court Case & Number \_\_\_\_\_

Number of Visits Supervised: \_\_\_\_ Hours per Visit: \_\_\_\_\_

Dates of Visits: \_\_\_\_\_

Children : \_\_\_\_\_ Age or DOB \_\_\_\_\_  
First Middle Last

Children: \_\_\_\_\_ Age or DOB \_\_\_\_\_  
First Middle Last

Children : \_\_\_\_\_ Age or DOB \_\_\_\_\_  
First Middle Last

Children: \_\_\_\_\_ Age or DOB \_\_\_\_\_  
First Middle Last

Description of Contact/Summary of visit(s), statements:

Attached Documents

Child(reds) Reaction to Visits:

**Observation Regarding Visit:**

**Safety Concerns/Other Information of Benefit Regarding the Case:**

**Other information of benefit regarding the case:**

**Please provide the following information:**

**Agency Name:**

**Name of Provider:**

**Address:**

**City:**

**State:**

**Office Number:**

**Fax Number:**

**Email:**

**Signature**