

VISITATION JOURNAL

My name is: _____.

I am the child's father. mother. _____.
(other, please print your relationship to the child.)

My child's name is/ My children's names are:

Child's Name	Child's Birthday (month, day, and year)

The child/ren live(s) with *(print name of person child/ren live with):*

_____.

I have court orders allowing me to see my child/ren on specific days and at specific times. My court order states a specific location for me to pick up my children.
(If you do not have a court order, or your order does not include specific days and times for your visitation, or if your order does not include a specific location for you to exchange your child/ren with the other parent, you will need to go back to court to get an order that includes these things, before a court can enforce your order.)

I have tried to see my children, according to my court order, but the child's other parent did not allow me to see the child/ren.

This journal records the times I tried to see my child/ren, according to the court ordered schedule. I tried to see my child/ren on the following dates, but was not allowed to.
(Complete the charts with information about when you tried to see your child/ren, according to your court schedule, but were not allowed to. You can copy and add additional charts, if you need to.)

Date	Month: _____ Day: _____ Year: _____
Day <i>(check one.)</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Time	_____ : _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Place <i>(ex. Mother's residence, McDonald's, etc.)</i>	
Address	Street Address: _____ City, State: _____
Witnesses <i>(List names of people who were there when you tried to see your child/ren.)</i>	
What happened? <i>(no one home, wouldn't let me see child/ren, etc)</i>	

Date	Month: _____ Day: _____ Year: _____
Day <i>(check one.)</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Time	_____ : _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Place <i>(ex. Mother's residence, McDonald's, etc.)</i>	
Address	Street Address: _____ City, State: _____
Witnesses <i>(List names of people who were there when you tried to see your child/ren.)</i>	
What happened? <i>(no one home, wouldn't let me see child/ren, etc)</i>	

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Time	_____ : _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Place <i>(ex. Mother's residence, McDonald's, etc.)</i>	
Address	Street Address: _____ City, State: _____
Witnesses <i>(List names of people who were there when you tried to see your child/ren.)</i>	
What happened? <i>(no one home, wouldn't let me see child/ren, etc)</i>	

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Address	Street Address: _____ City, State: _____
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