**The Family Court of the State of Delaware**



In and For  New Castle County  Kent County  Sussex County

**CONSENT ORDER – VISITATION**

## Petitioner v. Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Name |  | File Number |
|  |  |  |  |
| D.O.B. |  | D.O.B. |  |
|  |  |  |  |
| Street Address |  | Street Address |  | Petition Number |
|  |  |  |  |
| P.O. Box Number |  | P.O. Box Number |  |
|  |  |  |  |
| City/ State/Zip Code |  | City/State/Zip Code |  |
|  |  |  |  |  |
| Attorney Name |  | Attorney Name |  |
|  |  |  |  |

*2nd Petitioner (if any) 2nd Respondent (if any)*

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
|  |  |  |
| D.O.B. |  | D.O.B. |
|  |  |  |
| Street Address |  | Street Address |
|  |  |  |
| P.O. Box Number |  | P.O. Box Number |
|  |  |  |
| City/ State/Zip Code |  | City/State/Zip Code |
|  |  |  |
| Attorney Name |  | Attorney Name |
|  |  |  |

IN THE INTEREST OF the following child(ren):

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Child #1) | Date of Birth | Name (Child #2) | Date of Birth |
|  |  |  |  |
| Name (Child #3) | Date of Birth | Name (Child #4) | Date of Birth |
|  |  |  |  |
| Name (Child #5) | Date of Birth | Name (Child #6) | Date of Birth |
|  |  |  |  |

The parties in the above-entitled cause hereby agree upon the following arrangement and do consent to the entry on an Order providing for the same:

|  |  |
| --- | --- |
| Visitation Awarded to: |  |
|  |  |
| Relationship: |  |
|  |  |
| Address: |  |
|  |  |

Visitation shall be as follows:

|  |
| --- |
|  |

**This agreement of the parties is subject to review of the parties’ criminal histories by a hearing officer before entry as an order of the court.**

**Affidavit of Consent**

|  |  |  |
| --- | --- | --- |
| Be it remembered that on |  | the above named petitioner and respondent personally came before |

me, the subscriber, a Notary Public for the State and County listed below, who being duly sworn to law did depose and say: I, the undersigned hereby agree upon the following custodial/visitation agreement for the above-named child(ren). I have signed this consent agreement voluntarily and of my own free will.

If signed by a Commissioner, we hereby waive our right to a Review of a Commissioner’s Order because this Order is entered pursuant to this Voluntary Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Petitioner | |  | Respondent |
| State of | |  | State of |
|  | |  |  |
| County of | |  | County of |
|  | |  |  |
| Sworn to subscribed before me: | |  | Sworn to subscribed before me: |
|  | |  |  |
| Mediator/Notary Public | |  | Mediator/Notary Public |
|  | |  |  |
| So Ordered this Date: |  |  |  |
|  |  |  |  |
|  |  |  | Judge/Commissioner |