

*McLean County Visitation Center  
Exchange Log*

*Custodial Parent Name:  
Non-Custodial Parent Name  
ID #*

*Exchange Date:* January 19, 2007 *Schedule Time:* 6:00

*Stated Reason if late* \_\_\_\_\_

*Exchange Canceled* Yes \_\_\_\_\_ No \_\_\_\_\_

*Stated Reason* \_\_\_\_\_

*No Show/ By Whom* \_\_\_\_\_

*Stated Reason* \_\_\_\_\_

*Non-Custodial Parent Signature* \_\_\_\_\_ *Time* \_\_\_\_\_

*Custodial Parent Signature* \_\_\_\_\_ *Time* \_\_\_\_\_

*Children Present:  
Child Name:  
Child Name:*

FVC Staff : \_\_\_\_\_

*Return Exchange Date:* January 21, 2007 *Scheduled Time:* 3:45 p.m.

*Non-Custodial Parent Signature* \_\_\_\_\_ *Time* \_\_\_\_\_

*Custodial Parent Signature* \_\_\_\_\_ *Time* \_\_\_\_\_

*Children Present  
Child Name:  
Child Name:*

FVC Staff \_\_\_\_\_

