DCF-2029
03/94 (Rev.)

State of Connecticut
Department of Children and Families

NOTIFICATION TO PARENT(S)/GUARDIAN
CHANGE IN VISITATION SCHEDULE

_____

Date

_____

_____

_____

_____

Name of Child(ren)

Dear _____:

The Department of Children and Families is notifying you that the visitation schedule for your child(ren) will be/has been changed starting on _____.

Since this is a change in the Treatment Plan, you have the right to request a Treatment Plan Hearing with the Department by writing to the Commissioner of the Department of Children and Families, 505 Hudson Street, Hartford, Connecticut, 06106.

New Visitation Schedule		
Day of the Week	**From:**	**To:**
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Other Changes: _____

_____

_____

Social Worker