

SUPERVISED VISITATION PROVIDER <i>(Name and address)</i> : TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT:	
DECLARATION OF SUPERVISED VISITATION PROVIDER	CASE NUMBER: _____

1. As a: professional provider nonprofessional provider,
 I submit this form to indicate compliance with all applicable requirements for a provider of supervised visitation as defined under Family Code section 3200.5. All of the following requirements are necessary to meet the qualifications under Family Code section 3200.5.

2. I declare that I am a professional provider of supervised visitation and I am paid for providing supervised visitation services as an independent contractor, employee, intern, or volunteer operating independently or through a supervised visitation center or agency and I meet the qualifications under Family Code section 3200.5 as follows *(check all that apply)*:
 - I am 21 years of age or older.
 - I have no record of a conviction for driving under the influence (DUI) within the last five years.
 - I have not been on probation or parole for the last 10 years.
 - I have no record of a conviction for child molestation, child abuse, or other crimes against a person.
 - I have proof of automobile insurance for transporting the child.
 - I have had no civil, criminal, or juvenile restraining orders within the last 10 years.
 - There is no current or past court order in which I am the person being supervised.
 - I agree to speak the language of the party being supervised and of the child, or I will provide a neutral interpreter over the age of 18 years of age who is able to do so.
 - I agree to adhere to and enforce the court order regarding supervised visitation.
 - I meet the training requirements set forth under Family Code section 3200.5(d).

3. I declare that I am a nonprofessional provider of supervised visitation and I am not being paid to provide supervised visitation services.
 - I meet the qualifications under Family Code section 3200.5 as follows *(check all that apply)*:
 - I have no record of a conviction for child molestation, child abuse, or other crimes against a person.
 - There is no current or past court order in which I am the person being supervised.
 - I agree to adhere to and enforce the court order regarding supervised visitation.
 - I will be transporting the child. I will not be transporting the child.
 - I will be transporting the child and I have proof of automobile insurance.
 - The court has ordered or the parties have stipulated to different qualifications *(see attached)*.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

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 SIGNATURE OF DECLARANT

NOTICE: See standard 5.20 of the California Standards of Judicial Administration for further requirements that may apply.

For your protection and privacy, please press the Clear This Form button after you have printed the form.