

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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT:	
<b>DECLARATION OF SUPERVISED VISITATION PROVIDER</b>	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)

U  
 \_\_\_\_\_  
 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.**