

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 CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH: Family Justice Center	
SUPERVISED VISITATION PROFESSIONAL PROVIDER ANNUAL DECLARATION UNDER PENALTY OF PERJURY	

I, _____, declare under penalty of perjury under the laws of the
Name of Professional Provider

I State of California that I and everyone I employ as a provider of Supervised Visitation meet the qualifications under Family Code section 3200.5. Specifically, I and all my employees are 21 years of age or older; have no conviction for driving under the influence (DUI) within the last 5 years; have not been on probation or parole for the last 10 years; have no record of a conviction for child molestation, child abuse, or other crimes against a person; have proof of automobile insurance if transporting a child; have no civil, criminal, or juvenile restraining orders within the last 10 years; have no current or past court order in which I or my employee is being supervised; speak the language of the party being supervised and of the child or have a neutral interpreter over the age of 18 who is able to do so; meet the training requirements set forth under Family Code section 3200.5(d); have no conflict of interest as defined in the Standards 5.20(g); agree to adhere to and enforce the court order regarding supervised visitation; and provide no "therapeutic" supervision except as described in this Rule.

I also agree to meet all safety and security procedures, have the ratio of children to provider as described in the Standards of Judicial Administration 5.20 (f) and/or specific court order, have no conflict of interest, maintain and disclose records as described in the Standards of Judicial Administration 5.20 (h), abide by confidentiality standards and, additionally, meet all Standards as set forth in Standards of Judicial Administration 5.20. This publication is attached and available on the Court's website at www.scscourt.org.

I hereby declare under the laws of the State of California that I meet all the Standards described in Standards of Judicial Administration 5.20 and will continue to do so.

Name of Provider: _____
Address of Provider: _____
Name of Signatory: _____
Signature of Signatory: _____
Date: _____

Please send completed **original** form to: **Superior Court of California, County of Santa Clara**
Attn: Family Court Services
191 North First Street, San José, CA 95113