SUPERVISED VISITATION AND EXCHANGES SERVICES PROVIDER *(name and address):* NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS *(Optional):*	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT:	
DECLARATION OF SUPERVISED VISITATION AND EXCHANGE SERVICES PROVIDER (NONPROFESSIONAL)	CASE NUMBER:

1. **Purpose.** I submit this form to declare that *(check all that apply):*
   - a. ☐ I am not being paid to provide supervised visitation and exchange services.
   - b. ☐ I am in compliance with all mandatory requirements for nonprofessional providers of supervised visitation and exchange services as defined in Family Code section 3200.5 and standard 5.20 of the Standards of Judicial Administration.
   - c. ☐ I am in compliance with the alternative qualifications specified in 2b.

2. **Qualifications** *(complete a or b):*
   - a. ☐ *Standard qualifications*. I meet the qualifications to provide nonprofessional supervised visitation and exchange services under Family Code section 3200.5 as follows *(check all that apply):*
     - (1) ☐ I have no record of a conviction for child molestation, child abuse, or other crimes against a person.
     - (2) ☐ I will not be transporting the child.
     - (3) ☐ I will be transporting the child by automobile and I have proof of automobile insurance.
     - (4) ☐ I agree to adhere to and enforce the court order regarding supervised visitation and exchange services.
     - (5) ☐ There is no current or past court order in which I (the nonprofessional provider) was the person being supervised.
   - b. ☐ *Alternative qualifications*. I meet other qualifications to provide nonprofessional supervised visitation and exchange services, as follows *(check all that apply):*
     - (1) ☐ The court has ordered other qualifications and I meet those qualifications *(see attached copy of the court order).*
     - (2) ☐ The parties have stipulated (agreed) to different qualifications and I meet those qualifications *(see attached copy of the parties' stipulation (agreement), which was approved and signed by the court).*

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)

▶ (SIGNATURE OF DECLARANT)

NOTICE: Additional requirements may apply to be able to serve as a nonprofessional supervised visitation and exchange services provider. See standard 5.20 of the Standards of Judicial Administration.

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