

SUPERVISED VISITATION PROVIDER <i>(Name and address)</i> : NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: 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: RESPONDENT: OTHER PARTY/PARENT:	
<b>DECLARATION OF SUPERVISED VISITATION PROVIDER (PROFESSIONAL)</b>	CASE NUMBER:

1. **Purpose.** I submit this form to declare that I comply with all mandatory requirements for professional providers of supervised visitation under Family Code \_\_\_\_\_ and \_\_\_\_\_ of the Standards of Judicial Administration.
2. **Type of submission.** I am *(check a or b)*:
  - a.  completing this form before I provide initial supervised visitation services in the case.
  - b.  updating this form and attaching an original report of the supervised visitation that I monitored.
    - (1) The report is dated *(specify date)*: \_\_\_\_\_
    - (2)  Copies of the report were also sent to all parties and their attorneys  and the attorney for the child.
3. I am paid to provide supervised visitation services as an independent contractor, employee, intern, or volunteer operating independently or through a supervised visitation center or agency.
4. **Qualifications.** I meet the qualifications listed in Family Code section 3200.5 for this position as follows *(check all that apply)*:
  - a.  I am 21 years of age or older.
  - b.  I have no record of a conviction for driving under the influence (DUI) within the last five years.
  - c.  I have not been on probation or parole for the last 10 years.
  - d.  I have no record of a conviction for child molestation, child abuse, or other crimes against a person.
  - e.  I have proof of automobile insurance for transporting the child.
  - f.  I have had no civil, criminal, or juvenile restraining orders within the last 10 years.
  - g.  There is no current or past court order in which I am the person being supervised.
  - h.  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 who is able to do so.
  - i.  I agree to adhere to and enforce the court order regarding supervised visitation.
  - j.  I completed a Live Scan criminal background check before providing services.
  - k.  I am registered as a TrustLine provider.
5. **Training.** I meet the training requirements under Family Code section 3200.5 as follows *(check all that apply)*:
  - a.  I completed 24 hours of training, including at least 12 hours of classroom instruction in all required subjects.
  - b.  I completed the California Department of Social Services' online training course required for mandated reporters.

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