

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 (NONPROFESSIONAL)</b>	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 services.
- b.  I am in compliance with all mandatory requirements for a nonprofessional provider of supervised visitation as defined in Family Code and 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 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.
  - (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 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 provider. See Standard 5.20 of the Standards of Judicial Administration.**