

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
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 PROVIDER (PROFESSIONAL)	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.