

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 (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 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.

