

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 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 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.**