

SUPERVISED VISITATION PROVIDER (Name and address): NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	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 [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.