

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE <input type="checkbox"/> 221 S. Mooney Blvd., County Civic Center, Visalia CA 93291 <input type="checkbox"/> 300 E. Olive Ave., Porterville, CA 93257	
Petitioner: Respondent: Other Parent:	
DECLARATION OF SUPERVISED VISITATION PROVIDER (NON-PROFESSIONAL)	CASE NUMBER:

1. Purpose:

I, (Name) _____, 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, as stated in Section 2a, below.
- c. I am in compliance with the alternative qualifications specified in 2b, below.

2. Qualifications:

a. _____ I affirm that I meet all of the following Standard qualifications listed in Family Code section 3200.5(c)(2):

- I am at least 21 years of age.
- I have no record of a conviction for driving under the influence (DUI) within the last five years.
- I have not been on probation or parole for the last 10 years.
- I have not been on probation or parole for the last 10 years.
- I have no record of a conviction for child molestation, child abuse, or other crimes against a person.
- I have proof of automobile insurance (attached) or I will not be transporting the child.
- I have no civil, criminal, or juvenile restraining orders within the last 10 years.
- I have no current or past court order in which I am the person being supervised.
- I am able to speak the language of the party being supervised and of the child, or I will provide a neutral interpreter over 18 years of age who is able to speak the language of the party being supervised and of the child.

I will ensure that at all times the parent being supervised and the child communicate in a language I can understand.

I agree to adhere to and enforce the court order regarding supervised visitation.

I understand that I must be present at all times during the visit, listen to what is being said during the visit, and that I must pay close attention to the child/ren's behavior during the visit and that I may temporarily interrupt or terminate a visit if the rules of the visit are violated.

b. Alternative qualifications: I meet other qualifications to provide nonprofessional supervised visitation services, as follows: (check all that apply):

The court has ordered other qualifications and I meet those qualifications (see attached copy of the court order)

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.

c. The following qualifications have been excused by the court:

3. I have read the Judicial Council publication entitled "Supervised Visitation A Guide for Non-Professional Providers" or will have read it prior to visits beginning.

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)

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(SIGNATURE OF DECLARANT)