SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA		FOR COURT USE ONLY
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE: BRANCH NAME:		
	PETITIONER:	
	FETTIONER.	
RESPONDENT:		
OTHER PARENT CLAIMANT:		
NON-PROFESSIONAL SUPERVISED VISITATION PROVIDER DECLARATION OF QUALIFICATIONS		CASE NUMBER:
		DEPARTMENT NUMBER:
In accordance with Family Code section 3200.5 and section 5.20(c)(1) of the California Standards of Judicial Administration, I declare that:		
<u>Initial:</u>		
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1.	I am 21 years of age or older.	
2.	I have no convictions for driving under the influence (DUI) within the past five (5) years.	
3.	I have not been on probation or parole for the last ten (10) years.	
4.	I have no record of a conviction for child molestation, child abuse, or other crimes against a person.	
5.	I have proof of automobile insurance if transporting the child.	
6.	I have no civil, criminal, or juvenile restraining orders issued against me within the last ten (10) years.	
7.	I have no current or past court order in which I am the person being supervised.	
8.	I am not financially dependent on the person being supervised.	
9.	I am not employed by the person being supervised.	
10.	I am not an employee of the Superior Court of Santa Clara County.	
11.	I am not in an intimate relationship with the person being supervised.	
12.	I agree to adhere to and enforce the court order regarding supervised visitation.	
13.	I have read and reviewed the court order for supervised visitation.	
14.	I have read the booklet entitled A Guide for the Non-Professional Provider of Supervised Visitation.	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
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Date:_____

Print Name

Signature