



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SANTA CLARA**

**Family Court Services**

**Professional Supervised Visitation Provider List  
Initial and Annual Renewal Application and Change Request Form**

Updates to the FCS Professional Supervised Visitation Provider List will be made quarterly. Please indicate changes below.

New Provider     Change Existing Provider Information     Delete Provider

Name of Provider: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_    FAX: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Web: \_\_\_\_\_

Areas Served: \_\_\_\_\_

Fees:  Intake \$ \_\_\_\_\_  
 Regular Rate \$ \_\_\_\_\_ per/ \_\_\_\_\_  
 Sliding Scale Provided  
 Report fee \$ \_\_\_\_\_  
 Additional child charges \$ \_\_\_\_\_ per/ \_\_\_\_\_

Onsite     Offsite     Transportation Provided

Length of Visits: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Hours:  Mondays from \_\_\_\_\_ to \_\_\_\_\_     Fridays from \_\_\_\_\_ to \_\_\_\_\_  
 Tuesdays from \_\_\_\_\_ to \_\_\_\_\_     Saturdays from \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday from \_\_\_\_\_ to \_\_\_\_\_     Sundays from \_\_\_\_\_ to \_\_\_\_\_  
 Thursday from \_\_\_\_\_ to \_\_\_\_\_

Languages Provided: \_\_\_\_\_

Supervised Exchanges Provided    Exchanges Rate \$ \_\_\_\_\_

Related Services Offered: \_\_\_\_\_

California Standards of Judicial Administration (Uniform Standards of Practice for Providers of Supervised Visitation) Standard 5.20 and California Family Code Section 3200.5 set forth and defines the standards of practice, including duties and obligations for professional providers of supervised visitation.

Please initial confirming the following:

1. I meet the qualifications set forth and defined in California Family Code Section 3200.5 and California Standards of Judicial Administration 5.20 \_\_\_\_\_

2. I have submitted my signed Judicial Council Form FL-324 (P) attached to this Form FM-1179. \_\_\_\_\_

I hereby declare under penalty of perjury under the laws of the State of California that by my initials set forth above, the information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please send the completed original form to:  
Director of Family Court Services  
Superior Court of California, County of Santa Clara  
191 North First Street  
San José, CA 95113