

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PETITIONER:	
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:

Initial:

- _____ 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.

Date: _____
_____ Print Name
_____ Signature