**ATTACHMENT JV-2030**

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address):* TELEPHONE NUMBER: | *FOR COURT USE ONLY* |
|---|---|
| ATTORNEY FOR: *(Name):* | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**<br>STREET ADDRESS: 840 Guadalupe Parkway<br>MAILING ADDRESS: 191 North First Street<br>CITY AND ZIP CODE: San José, CA 95113<br>BRANCH: Guadalupe Courthouse – Juvenile Center | |
| In the Matter of<br>(Name of Youth),<br>a Minor, [D.O.B._____] | |
| **COURT APPOINTED FRIEND AND ADVOCATE OATH** | CASE NUMBER: |

## COURT APPOINTED FRIEND AND ADVOCATE (CAFA)

_____
Print your full legal name

### OATH

I do solemnly swear that I will perform the duties of a Court Approved Youth Advocate to the best of my ability and will serve the best interest of the youth.

As an officer of the Court, I will respect the rules of the Court and will to the best of my ability, maintain fairness, impartiality, and integrity.

I will adhere to the rules of confidentiality and will respect the privacy of all parties.

I will not take a case where I have any prior knowledge of the youth or family members.

I will not take the youth to my home, unless I secure permission from probation officers/social workers. I will be directly responsible for the supervision of the youth at all times he or she is under my care.

Date:

_____
Court Appointed Friend and Advocate

_____
Judicial Officer
Superior Court of California, County of Santa Clara