

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