



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**SERVICE PROVIDER APPLICATION**

**You must complete one application for each service you would like to provide for the court.**

- Parenting
- Co-Parenting Program
- Anger Management
- Counseling
- Substance Treatment
- Supervised Visitation
- 3111/3118 Child Custody Evaluator
- 730 Child Custody Evaluator

Name and/or Business Name: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

**Board of Behavioral Sciences Licensure**

Professional License Number: \_\_\_\_\_ Type of License (LMFT, LCSW, Other): \_\_\_\_\_

**Please provide your fee schedule as you would like it to appear on the provider list:**

\_\_\_\_\_  
\_\_\_\_\_

**Location(s) you provide services:** \_\_\_\_\_

**Parenting/Co-Parenting/Anger Management/Substance Treatment Providers:**

Length of Program: \_\_\_\_\_ Class Size: \_\_\_\_\_

**Supervised Visitation Monitors:**

Do you have a dedicated building where you provide supervision?  Yes  No

**Additional Relevant Information:**

**Please note that any information on this form may be released to the public.**

**Signature Required:** \_\_\_\_\_

**Date:** \_\_\_\_\_