RI-FL012

SUPERVISED VISITATION PROVIDER (*Name and Address*) TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS (*Optional):*	*FOR COURT USE ONLY*

SUPERVISED VISITATION PROVIDER ANNUAL DECLARATION

I _____ , do hereby declare under penalty of perjury that I
(Name of Professional Provider)
meet the qualifications of a Supervised Visitation Provider. Specifically, I am 21 years of age or older, have no record of conviction for driving under the influence (DUI) within the last 5 years; have not been on probation or parole for the last 10 years; have no record of a conviction for child molestation, child abuse, or other crimes against a person; have proof of automobile insurance if transporting a child; have no civil, criminal, or juvenile restraining orders within the last 10 years; have no current or past court order in which I am being supervised; speak the language of the party being supervised and of the child or have a neutral interpreter over the age of 18 who is able to do so; agree to adhere to and enforce the court order regarding supervised visitation and meet the training requirements stated in 5.20(f).

I also agree to meet all safety and security procedures, have the ratio of children to provider as described in the Standards of Judicial Administration 5.20(g) and/or specific court order, have no conflict of interest, maintain and disclose records as described in the Standards of Judicial Administration 5.20(j), abide by confidentiality standards. I have completed the required training outlined in Cal. Fam. Code § 3200.5(d)(1) and, additionally, meet all of standards as set forth in Standards of Judicial Administration 5.20.

I hereby declare under penalty of perjury that I meet all the standards described in Standards of Judicial Administration 5.20 and California Family Code §3200.5 and will continue to do so and have registered with TrustLine (http://trustline.org/).

Name of Provider: _____

Address of Provider: _____

Name of Signatory: _____

Signature of Signatory: _____

Date: _____

Please send the completed **original** form, along with the Provider Information Sheet to:

Superior Court of California, County of Riverside
Attention: Assistant Deputy Executive Officer – Family Court Services
4175 Main Street
Riverside, CA 92501