

SUPERIOR COURT OF CALIFORNIA

County of Marin

**ANNUAL DECLARATION OF
 PROFESSIONAL THERAPEUTIC
SUPERVISED VISITATION PROVIDER**

(pursuant to California Rules of Court, Standards of Judicial Administration, Standard 5.20)

I declare that:

- I am 21 years of age or older;
- I have not been convicted of driving under the influence (DUI) within the last 5 years;
- I have not been on probation or parole for the last 10 years;
- I have no record of a conviction for child molestation, child abuse, or other crimes against a person;
- I have proof of automobile insurance and use appropriate vehicle restraints if transporting the child;
- I have no civil, criminal, or juvenile restraining orders within the last 10 years;
- I have no current or past court order in which the provider is the person being supervised;
- If I am unable to speak the language of the party being supervised and of the child, I will provide a neutral interpreter over the age of 18 who is able to do so; and
- I agree to adhere to and enforce the court order regarding supervised visitation.

I do not have a conflict of interest under subsection (g) in that:

- I am not financially dependent on the person being supervised;
- I am not an employee of the person being supervised;
- I am not affiliated with any superior court in the county in which the supervision is ordered; and
- I am not in an intimate relationship with the person being supervised.

Please indicate your agreement by checking each box in front of each numbered paragraph.

- 1. I understand that my principal responsibility is to observe these visits in person and to take action immediately if a child needs protection, reassurance, or a break of any kind from the visit. I agree to perform my duties as a supervised visitation provider neutrally and without any bias or favoritism toward or against the supervised parent.
- 2. I agree that I will not, under any circumstances, leave the child with the supervised parent outside my presence.
- 3. I have received a copy of *A Guide for the Supervised Visitation Provider* (form FL039). I understand the *Guide*, and agree to comply with each provision in it.
- 4. I agree that I will report to the court if either parent violates any of the rules described in *A Guide for the Supervised Visitation Provider* (form FL039) and, if ordered by the court, on all the observations I make during the visits.

I declare that I have read the California Standards of Judicial Administration, Standard 5.20, and that I am in full compliance with the following subsections:

- (d) Training for providers;
- (e) Safety and security procedures;
- (f) Ratio of children to provider;
- (h) Maintenance and disclosure of records;
- (i) Confidentiality;
- (j) Delineation of terms and conditions;
- (k) Safety considerations for sexual abuse cases;
- (l) Legal responsibilities and obligations of a provider;
- (m) Additional legal responsibilities of professional and therapeutic providers;
- (n) Temporary suspension or termination of supervised visitation; and
- (o) Additional requirements for professional and therapeutic providers.

If any of the above boxes are **not** checked, please explain: _____

DATE

SIGNATURE OF SUPERVISED VISITATION PROVIDER

PRINT NAME OF SUPERVISED VISITATION PROVIDER

STREET ADDRESS

CITY / ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS