

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

Recommending Counselor (name and address) Telephone No.: _____	FOR COURT USE ONLY
Superior Court of California, County of Placer P.O. Box 5669 2501 North Lake Blvd. Tahoe City, CA 96145	
Petitioner/Plaintiff: _____ Respondent/Defendant: _____	
DECLARATION OF PRIVATE CHILD CUSTODY RECOMMENDING COUNSELOR REGARDING QUALIFICATIONS	CASE NUMBER: _____

1. I, (name) : _____ , declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.

2. On (date): _____ , I was appointed by the court to perform a child custody recommendation in this case.

3. I am licensed as a psychologist, marriage and family therapist, or clinical social worker.

4. I submit this form to indicate compliance with applicable requirements for a private child custody recommending counselor under rule 5.210 and rule 5.230 of the California Rules of Court at the time of my appointment in this case.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____ (Type or print name)

_____ (Signature of declarant)