

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER**

MEDIATOR OR RECOMMENDING COUNSELOR <i>(Name and Address):</i>  TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
<b>Superior Court of California, County of Placer</b> <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P. O. Box 619072                              P.O. Box 5669 Roseville, CA 95661-9072                  Tahoe City, CA 96145	
Petitioner/Plaintiff:  Respondent/Defendant:	
<b>DECLARATION OF PRIVATE MEDIATOR OR CHILD CUSTODY                  RECOMMENDING COUNSELOR REGARDING QUALIFICATIONS</b>	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 mediation or 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 mediator or 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)