SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR UNREPRESENTED PARTY *(Name, State Bar Number, and Address):* TELEPHONE NO.: EMAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	**FOR COURT USE ONLY**

Superior Court of California, County of Placer
☐ 10820 Justice Center Drive   ☐ 2501 N. Lake Blvd.
   P. O. Box 619072   P.O. Box 5669
   Roseville, CA 95661-9072 Tahoe City, CA 96145	

Petitioner/Plaintiff: Respondent/Defendant:	
NON-PROFESSIONAL VISITATION MONITOR DECLARATION OF QUALIFICATIONS	CASE NUMBER:

In accordance with section 5.20(c)(1) and (g) of the California Standards of Judicial Administration, I hereby personally acknowledge and declare:

Initials

_____ 1. I am 21 years of age or older.

_____ 2. I have no convictions for driving under the influence (DUI) within the last 5 years.

_____ 3. I have not been on probation or parole for the last 10 years.

_____ 4. I have no record of a conviction for child molestation, child abuse, or other crimes against a person.

_____ 5. I have a current valid driver's license and proof of automobile insurance (if transporting children).

_____ 6. I have no civil, criminal, or juvenile restraining orders issued within the last 10 years.

_____ 7. I have no current or past court order in which I am the person being supervised.

_____ 8. I am not financially dependent on the person being supervised.

_____ 9. I am not an employee of the person being supervised.

_____ 10. I am not an employee of or affiliated with the Placer Superior Court, unless my employment contract specifically permits me to be a non-professional monitor.

_____ 11. I am not in an intimate relationship with the person being supervised.

_____ 12. I agree to adhere to and enforce the court order regarding supervised visitation.

_____ 13. I have read and understand the handbook entitled "A Guide for the Non-Professional Provider of Supervised Visitation" and agree to abide by it when supervising visits.

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