

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) TELEPHONE NUMBER: _____ FAX NUMBER (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN 2610 Riverside Drive Susanville, CA 96130	
PETITIONER:	
RESPONDENT:	
NON-PROFESSIONAL VISITATION MONITOR DECLARATION OF QUALIFICATIONS	CASE NUMBER:

I have been assigned as the non-professional visitation monitor in this case. In accordance with section 5.20 (c), (g) and (1)(2) of the California Standards of Judicial Administration, I acknowledge, declare and agree as follows:

1. I am 21 years of age or older.
2. I have no convictions for driving under the influence (DUI) within the last five years.
3. I have not been on probation or parole for the last 10 years.
4. I have no record of conviction for child molestation, child abuse or other crimes against a person.
5. I have proof of automobile insurance if transporting the child(ren).
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 Lassen 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 agree to report suspected child abuse to the appropriate agency designated to receive child abuse reports.

14. I have read and agree to abide by the guidelines as set forth in the Guide for the Non-Professional Provider of Supervised Visitation.

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