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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 (619) 450-7888
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 (619) 456-4100
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 340, VISTA, CA 92081 (760) 201-8300
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 (619) 746-6097

FAMILY COURT SERVICES DOMESTIC VIOLENCE SUPPORT PERSON AGREEMENT

Name: _____

I am appearing as a support person for: _____

My relationship to him/her: _____
(friend/relative/agency representative)

I understand and agree to the following:

1. I may not act as an advocate or legal advisor;
2. I may not disrupt or participate in the child custody recommending counseling session;
3. The issues discussed in the child custody recommending counseling session are confidential and I may not discuss the session content with others; and
4. If I violate any part of this agreement I could be excluded from the session as a support person.

Date: _____ _____
Signature

Distribution: FCS File-Original Support Person-Copy

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