

## SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

## PROGRAM RESOURCE LISTS (PRL) PROVIDER AFFIDAVIT

Program Name:	
Legal Name of Organization:	
Street Address:	
City, State, Zip Code:	
Phone and Fax #'s:	
Email Address:	
Website address: (If available. To be used as a customer point of contact.)	
Contact Person's Name:	
Name of Requested List: See Policy for Instructions and Available Lists	

I hereby acknowledge the following:

- This program/organization and staff are insured in compliance with all legal requirements.
- This program/organization and staff have professional qualifications and certifications in compliance with all legal requirements.
- This program/organization has all required current business licenses to conduct business in the County of San Diego and any of its municipalities.
- This program/organization complies with all legal requirements to which the program/organization is subject.

I hereby acknowledge that I have read, understand, and agree to abide by the terms, conditions, and requirements explained in the Superior Court of California, County of San Diego, Program Resource Lists (PRL) Policy (SDSC Form #ADM-219).

I declare under penalty of perjury under the laws of the State of California, that all information and documentation provided as part of this PRL application are true and complete. I understand that any false, incomplete or incorrect information or documentation may result in disqualification from inclusion or immediate removal from the PRL.

I further recognize that the court may revise this policy and PRL at any time and without notice.

Signature

Title

Date

Type or print name

Please complete, sign and return this form, with a one-page summary of the program content, to: Superior Court of California, County of San Diego Attn: PRL Coordinator Post Office Box 120128 San Diego, CA 92112

Note: A separate affidavit and one-page summary of program content must be submitted for each list on which you want your program to be included.