



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

DECLARATION AND REQUEST FOR INCLUSION ON THE PROFESSIONAL PROVIDERS OF SUPERVISED VISITATION (PPSV) LIST

Instructions: Providers requesting to be included on the court's Professional Providers of Supervised Visitation (PPSV) List ("PPSV List") must complete and sign this form and submit it, along with other required documentation, to:

San Diego Superior Court
Attn: PPSV Coordinator
Post Office Box 120128
San Diego, CA 92112

Requests are considered twice a year. See Professional Providers of Supervised Visitation (PPSV) List Policy (SDSC Form #ADM-390) for information on requirements and timeframes for submitting requests.

Providers who are notifying the court of a change of information or who are submitting an annual renewal, only need to include the submission type, provider name, and complete any field for which information needs to be updated.

SECTION I: PROVIDER'S REQUEST

A. SUBMISSION TYPE

<input type="checkbox"/> Add New Provider	<input type="checkbox"/> Change to Existing Provider Information
<input type="checkbox"/> Annual Renewal – Renew with Changes	<input type="checkbox"/> Annual Renewal – No Changes

B. PROVIDER INFORMATION (This information may be published on the PPSV List)

Provider Name (Last, First, Middle Initial)	
Legal Name of Organization/Agency	Organization/Agency Affiliation <input type="checkbox"/> Owner <input type="checkbox"/> Employee/Contractor <input type="checkbox"/> Other: _____
Are you a center-based provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of center: _____
Business Address	
Business Phone Number	Business FAX (optional)
Business Email	Business Website (optional)
Is the business organized under Internal Revenue Code 501(c)(3) (a non-profit)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the business have automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. PRIMARY CONTACT (Internal Use by court)

Name and Title of Contact (if different from above)		
Preferred Contact Method <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail	Phone	Email
Mailing Address		

D. SERVICE OFFERINGS (Check all that apply)

<input type="checkbox"/> Supervised Exchange	<input type="checkbox"/> Telephone/Video Monitoring	<input type="checkbox"/> Minor Transport
<input type="checkbox"/> Pick-Up and Drop-Off	<input type="checkbox"/> Overnight Visits	<input type="checkbox"/> Other: _____

E. FEES (Check all that apply)

<input type="checkbox"/> Sliding scale	<input type="checkbox"/> Intake Fee: \$ _____	<input type="checkbox"/> Hourly Fee: \$ _____
<input type="checkbox"/> Minimum Number of Hours: _____	<input type="checkbox"/> Other: _____	

F. LANGUAGE ACCESS

Languages that are spoken (i.e., English, Spanish)

G. GEOGRAPHIC REGION(S) SERVED (Check all that apply)

Central San Diego East County North County South County

Other (Explain)

H. TrustLine Registration Number: _____

SECTION II: REQUIRED DOCUMENTATION (Verify items are attached)

Providers who are requesting to be included on the PPSV List must provide the following documentation. Providers who are notifying the court of a change of information or are submitting an annual renewal do not need to submit the documentation again.

- ✓ Proof of completion of 24-hours of training. See Professional Providers of Supervised Visitation (PPSV) List Policy (SDSC Form #ADM-390) for more information.
- ✓ Proof of TrustLine registration.
- ✓ A completed, signed Declaration of Supervised Visitation Provider (Professional) (JC Form #FL-324(P)).

SECTION III: DECLARATION

I declare that:

1. I meet the qualifications and training of a Professional Provider of Supervised Visitation set forth in Cal. Rules of Court, Standards of Judicial Administration, Standard 5.20, and Family Code § 3200.5 and that I certify that I will comply with all standards, procedures, conditions, and responsibilities required by these code provisions.
2. I will immediately notify the San Diego Superior Court's PPSV Coordinator if any of the following events occur:
 - I no longer provide Supervised Visitation services.
 - My TrustLine registration is denied or revoked.
 - A judicial officer in an individual family law case has deemed that I violated Family Code § 3200.5 or Cal. Rules of Court, Standards of Judicial Administration, Standard 5.20.
 - Any of the information in my most recent Declaration and Request for Inclusion on the Professional Providers of Supervised Visitation (PPSV) List (SDSC Form #ADM-391) has changed.
3. I have read, understand, and will adhere to and abide by the court's policy set forth in San Diego Superior Court's Professional Providers of Supervised Visitation (PPSV) List Policy (SDSC Form #ADM-390).
4. I acknowledge and understand the following: As a professional provider of supervised visitation I am not affiliated with the court nor am I operated by the court. My inclusion on the court's PPSV List does not create a contract between the court and me and is not and cannot be construed as such. Nor does my inclusion on the PPSV List create any employment rights, express or implied, owed to me by the court. The court is not a party to any transaction between the customer and me and is not liable for the costs of any services. The court is not responsible or liable in any way for my acts, omissions, or services, or for any other action taken based upon the information provided in the PPSV List. The court is not responsible or liable for any damages arising directly or indirectly from services provided. I understand that the court does not guarantee inclusion on the PPSV List and that I can be removed from the PPSV List at any time for no reason and with no notice. I further recognize that the court may revise the PPSV List and Policy at any time and without notice.

I declare under penalty of perjury under the laws of the State of California, that all information and documentation provided in this Declaration and Request are true, accurate, and complete. I understand that I will not be added to the PPSV List or I will be immediately removed from it if I provide any false, incomplete, or incorrect information or documentation in this Declaration and Request.

Date: _____

Type or print name

Signature of Applicant