

SERVICE PROVIDER APPLICANT NAME AND ADDRESS TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
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**ANNUAL DECLARATION OF
CHILD CUSTODY EVALUATOR QUALIFICATIONS
UNDER PENALTY OF PERJURY**

I, _____, declare as follows:
(NAME OF CHILD CUSTODY EVALUATOR)

1. I am a duly licensed (check the appropriate box): Psychologist Psychiatrist LCSW LMFT LPCC other (describe) _____ I have personal knowledge of all matters stated in this declaration. If called to testify, I can and will competently and affirmatively attest thereto.
2. I have performed at least five child custody evaluations within the last three years.
3. I have read and understand the requirements set forth in California Family Code section 3111, California rules of Court, rule 5.230, and Superior Court for the County of Riverside Local Rule 5175. I am in compliance with all training required for child custody evaluators pursuant to the foregoing legislation and rules.
4. I am covered by professional liability insurance for acts, errors and omissions made in the performance of my duties as a Private Child Custody Evaluator. I further understand it is my responsibility to maintain said insurance for as long as I remain on the provider list of Private Child Custody Evaluators maintained by the court. I will immediately advise the Family Court Services Manager for the court of any termination of said policy and/or of any lapse or gap in coverage for as long as I remain on the provider list.
5. I will notify the Family Court Services Manager within five (5) court business days of my license being revoked or suspended. In the event I am arrested or have criminal charges brought against me, I will notify the Family Court Services Manager within 5 court days of the arrest or charge.
6. I understand I am required to file Judicial Council form FL-326 (Declaration of Private Child Custody Evaluator Regarding Qualifications), within 10 days of each appointment by the court to provide services as a Private Child Custody Evaluator.
7. I will submit all evaluation reports in the format indicated by the court.
8. I will file said reports with the court and furnish them to the parties or their attorney(s) of record no later than 10 days prior to any relevant hearing or proceeding.
9. I agree to file a new and updated Declaration with the court each calendar year by **January 15th** affirming each of the facts, agreements, and understandings made herein in order to remain on the provider list.
10. I understand and agree that the court may remove me from the provider list at any time upon written notification to the address identified on the provider list. Reasons for removal may include, but are not limited to, the following:
 - a. Failure to remain current on training mandated by California Rules of Court, Riverside County Superior Court Local Rules and Family Code;
 - b. Submission of work that does not meet the standards of practice for a private court evaluator per California Rules of Court, Rule 5.230; Failure to submit work in a timely fashion; or
 - c. Consistent refusal to accept court cases.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name of Provider: _____
 Provider Signature (Required): _____ Date: _____