

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

I, _____, do hereby declare under penalty of perjury that I am qualified to provide
(NAME OF SERVICE PROVIDER)
 the services for which I have applied. Specifically, I meet at least one of the following criteria regarding licensure, training and supervised work experience, or registration:

- I am currently licensed by the State of California to perform services as a psychiatrist, psychologist, marriage and family therapist, licensed professional clinical counselor, or clinical social worker. My license number is _____ and expires on _____. I have not been disciplined by any agency, entity, association, board and/or peer review committee in connection with my license.
- I have received training specific to the field of service for which I am applying and I am supervised by a licensed or certified professional in this field.
Please explain: _____
- I am registered with Trustline
Registration Number: _____

I am familiar with, and agree to be bound by, all local, state and federal laws, regulations and/or ordinances that govern my duties of confidentiality and non-disclosure as they relate to the services I provide. I am also familiar with, and agree to be bound by, all local, state and federal laws, regulations and/or ordinances that govern safety and security procedures, ethics of my profession, and my legal duties and responsibilities in connection with the services I provide. I understand and agree that I am not an agent, employee, representative or contractor with the court and have no other legal or contractual relationship with the court. I understand and agree that I am solely responsible for any claims, complaints, disagreements, grievances, lawsuits and/or actions whatsoever made by the user of my services and I agree to indemnify and hold the court harmless therefrom.

I hereby declare under penalty of perjury that I meet all the standards described above, will continue to do so, and will advise the court of any changes in status within 30 days of the change.

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

Please send the completed **original** form, along with the Service Provider Application to:
 Superior Court of California, County of Contra Costa
 Attn: Custody Counselor Manager
 751 Pine Street,
 Martinez, CA 94553