FOR COURT USE ONLY

PROVIDER NAME: BUSINESS NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. (Optional): BUSINESS EMAIL ADDRESS: BUSINESS WEBSITE: LICENSE NUMBER:	***DO NOT FILE OR LODGE IN CASE FILE***

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA

STREET ADDRESS: 751 Pine Street
MAILING ADDRESS: PO Box 911
CITY AND ZIP CODE: Martinez, CA 94553
BRANCH NAME: Peter Spinetta Family Law Building

SERVICE PROVIDER APPLICATION

☐ INITIAL ☐ ANNUAL

INSTRUCTIONS

1. **INITIAL**: Before the court will add you to the list(s) of providers maintained by the Court, you must complete this form with all applicable sections completed entirely; sign the form at the bottom; and submit the form to Family Court Services.
2. **ANNUAL**: To remain on the list(s) of providers maintained by the Court, before January 31 of each calendar year, you must complete item 2, as well as any sections that require an update of information; sign the form at the bottom; and submit the form to Family Court Services.

You may use one application for each service provider list you would like to be added to. Any information on this form may be released to the public.

1. I am requesting to be added, or to remain, as a provider for the following list(s) maintained by the Court:

- ☐ Parenting & Co-Parenting Classes
- ☐ Mental Health Counseling *Professionals*
- ☐ Domestic Violence Support Groups
- ☐ Stepparent Adoption Investigations
- ☐ Child Custody Evaluator (You must also complete FL-326)
- ☐ Mental Health Counseling *Agencies*
- ☐ Substance Abuse Testing & Treatment
- ☐ Batterer's Intervention / Anger Management Programs
- ☐ Veteran's Resource List
- ☐ Professional Supervised Visitation & Exchange Providers (You must also complete FL-324(P))

2. **Annual Statement**: There ☐ have ☐ have not been any changes since I last completed this form. I have reviewed the currently posted referral list to check my information, as well as my prior FamLaw-132 form prior to submitting this form. If there have been any changes to my information, they are completed herein.
(**If there have not been any changes, you may skip to your signature on page 2.)**

3. **Location(s) / geographic area you provide services**:

4. **Language(s) other than English that service(s) may be provided in**:

5. **Providers of Parenting & Co-Parenting Classes:**

a. Please provide a brief description of the classes you provide:

(This may include the length of the program(s), the number of sessions in your program(s), how long the sessions last, whether parents must participate separately or together, what age groups parenting classes are designed for, etc.)

b. How much do you charge per session or per program?

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6. **Providers of Mental Health Services (Agencies & Professionals/Individuals):**
   a. Do you provide a pro-bono (free) or sliding scale fee option? ☐ Yes ☐ No ☐ Limited
   b. I provide the following types of therapy/counseling:
      ☐ Adolescent/Teen ☐ Child ☐ Reunification ☐ Sexual Abuse
      ☐ Family ☐ Individual ☐ Co-Parenting Counseling
7. **Providers of Substance Abuse Testing & Treatment:**
   a. Do you offer an assessment with a written report? ☐ Yes ☐ No
   b. Do you offer random or walk-in drug/alcohol testing? ☐ Yes ☐ No
   c. Are you a SAMHSA Certified Testing Lab, or do you utilize one? ☐ Yes ☐ No
   d. I provide the following types of testing:
      ☐ Urine ☐ Urine w/ Alcohol ☐ Hair Follicle ☐ EtG/Alcohol
8. **Providers of Batterer's Intervention / Anger Management Programs:**
   a. I provide the following:
      ☐ Anger Management ☐ Batterer's Intervention
   b. Are you certified under Penal Code Section 1203.097 and Family Code Section 6343 for your Batterer's Treatment/Intervention Program? ☐ Yes ☐ No
   c. Please provide a brief description of the program(s) you provide:

      (This may include the length of the program(s), the number of sessions in your program(s), how long the sessions last, whether you only offer Men's or Women's groups, etc.)
   d. How much do you charge per session or per program?
9. **Providers of Stepparent Adoption Investigations:**
   a. Do you provide a pro-bono (free) or sliding scale fee option? ☐ Yes ☐ No ☐ Limited
10. **Providers of Veteran's Resource List:**
    a. What types of services do you provide for veterans?

       (This may include Advocacy, Benefits, Counseling, Education, Employment, Healthcare, Housing, VA Claims, etc.)
11. **Providers of Child Custody Evaluator List:**
    a. I have completed the FL-326 Declaration of Private Child Custody Evaluator Regarding Qualifications, and it is attached hereto.
    b. I provide the following:
       ☐ Child Custody Evaluations ☐ Brief-Focused Assessments
12. **Providers of Professional Supervised Visitation & Exchange List:**
    a. I have completed the FL-324(P) Declaration of Supervised Visitation and Exchange Services Provider (Professional), and it is attached hereto.
    b. Detail your availability for services, or state to contact the provider:

    c. How much are your fees?
       (Please provide your per hour and/or per exchange rate, as well as any intake or orientation fees.)
13. Any additional information you would like us to know (note, this information may not be available on the public referral lists):

I am providing this information to the court for inclusion on the list(s) of providers as maintained by the Contra Costa County Superior Court. 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.

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF PROVIDER)