

CONFLICT AND ACCOUNTABILITY PROGRAM PROVIDER <i>(Name and Address):</i>  TELEPHONE NO: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: 170 Park Avenue MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, California 95113 BRANCH: Park Avenue Courthouse – Family	
<b>ANNUAL DECLARATION UNDER PENALTY OF PERJURY          CONFLICT ACCOUNTABILITY</b>	

I, \_\_\_\_\_, do hereby declare under penalty of perjury that I and  
*Name of Professional Provider*  
 everyone I employ as a provider of **Conflict and Accountability** agree to abide by the standards for structure and content as published on September 16, 2008 by the **Conflict and Accountability Task Group**, a subcommittee of the DV Court Systems Committee. This publication is attached and available on the Court's website at [www.sccsuperiorcourt.org](http://www.sccsuperiorcourt.org).

**Name of Provider:** \_\_\_\_\_

**Address of Provider:** \_\_\_\_\_

**Name of Signatory:** \_\_\_\_\_

**Signature of Signatory:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send completed **original** form to: **Superior Court of California, County of Santa Clara**  
**Attn: Family Court Services**  
**191 North First Street, San Jose, CA 95113**