

PARENTING WITHOUT VIOLENCE PROVIDER (<i>Name and Address</i>): TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 170 Park Avenue MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, California 95113 BRANCH: Park Avenue Courthouse – Family	
ANNUAL DECLARATION UNDER PENALTY OF PERJURY PARENTING WITHOUT VIOLENCE	

I, _____, do hereby declare under penalty of perjury that I and
Name of Professional Provider
everyone I employ as a provider of **Parenting Without Violence** agree to abide by the standards for structure and content as published on September 16, 2008 by **the Parenting Without Violence Curriculum 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.

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