

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :   TELEPHONE NUMBER:   ATTORNEY FOR: <i>(Name)</i> :	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH:	
In the Matter of (Name of Child), a Minor, [D.O.B. _____]	
<b>COURT DESIGNATED CHILD ADVOCATE OATH</b>	CASE NUMBER:

**COURT DESIGNATED CHILD ADVOCATE**

**CDCA**

\_\_\_\_\_  
 Print your full legal name

**OATH**

I do solemnly swear that I will perform the duties of a Child Advocate to the best of my ability and will serve the best interest of the child.

As an officer of the Court, I will respect the rules of the Court and will to the best of my ability, maintain fairness, impartiality, and integrity.

I will adhere to the rules of confidentiality and will respect the privacy of all parties.

I will not take a case where I have any prior knowledge of the child or family members.

I will not take my advocate child to my home. I will secure permission from probation officers/social workers should I plan to bring my child to my home. I will be directly responsible for the supervision of the child at all times he or she is under my care.

Date:

\_\_\_\_\_  
 Appointed Child Advocate

\_\_\_\_\_  
 Judicial Officer  
 Superior Court of California, County of Santa Clara