



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN

## COMMUNITY RESOURCE LIST (CRL) PROVIDER AFFIDAVIT FOR CONFIRMATION OF INFORMATION

***Check the box on any contact information or content of your program has changed since the last listing and include the new information next to it. Make sure that all fields are completed whether the information has changed or not. Incomplete paperwork will not be accepted.***

Program Name:	<input type="checkbox"/>
Legal Name of Organization:	<input type="checkbox"/>
Street Address:	<input type="checkbox"/>
City, State, Zip Code:	<input type="checkbox"/>
Phone Number:	<input type="checkbox"/>
Email Address:	<input type="checkbox"/>
Website Address: <i>(If available. To be used as a customer point of contact)</i>	<input type="checkbox"/>
Contact Person's Name:	<input type="checkbox"/>
Name of Requested List: See Policy for Instructions and Available Lists	<input type="checkbox"/>
Additional changes/updates to the services or listing not listed above:	<input type="checkbox"/>

I hereby acknowledge the following:

- This program/organization and staff is insured and in compliance with all legal requirements.
- This program/organization and staff have professional qualifications and certifications in compliance with all legal requirements.
- This program/organization has all required current business licenses to conduct business in the County of Kern and any of its municipalities.
- This program/organization complies with all legal requirements to which the program/organization is subject.

I hereby acknowledgement that I have read, understand, and agree to abide by the terms, conditions, and requirements explained in the Superior Court of California, County of Kern, Community Resource Lists Policy (CRL.25 #FC-219).

I declare under penalty of perjury under the laws of the State of California, that all information and documentation provided as part of this PRL application are true and complete. I understand that any false, incomplete or incorrect information or documentation may result in disqualification from inclusion or immediate removal from the CRL.

I further recognize that the court may revise this policy and CRL at any time and without notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or print

Please complete, sign and return this form, with a one-page summary of the program content to:

**Family Court Services  
Attn: Manager of FCS  
1215 Truxtun Avenue, Room 301  
Bakersfield, California 93301  
OR EMAIL TO: [FCS@KERN.COURTS.CA.GOV](mailto:FCS@KERN.COURTS.CA.GOV)**