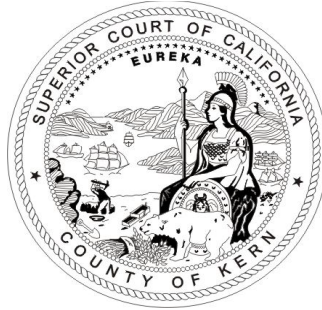


The Superior Court of  
California, County of Kern



Family Court Services  
1215 Truxtun Avenue, 3<sup>rd</sup> Floor  
Bakersfield, CA 93301  
Telephone: (661) 610-6700  
Facsimile: (661) 688-7412  
Email: FCS@kern.courts.ca.gov

## **Community Resource List**

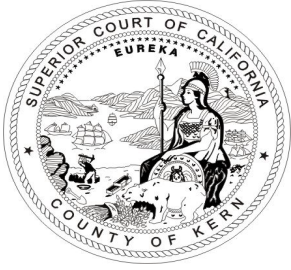
Individuals interested in being a provider on the Community Resource List are encouraged to visit the Superior Court, County of Kern, Family Court Services website to obtain information and access to the required forms. The requirements to be on Community Resource List with Kern County Superior Court are:

- ❖ Complete and submit the Superior Court of Kern County, CRL.25 Affidavit (KC-CRL.25-FORM)
- ❖ Comply with the requirements on the Superior Court of Kern County, Community Resource List Policy
- ❖ Complete and submit the Community Resource Application Form
- ❖ Interested individuals must possess and provide proof of required insurance, business licenses, professional qualifications and certifications, and that their program and organization comply with all legal requirements to which they subject.
- ❖ Submit a one-page summary of the program's content. The information will assist in verifying the appropriateness for inclusion on the resource list.
- ❖ Onsite visit by Family Court Services staff to the location where services may be required as needed.
- ❖ Interview organization's representative.

<https://www.kern.courts.ca.gov/divisions/family-court-services>

Submit the required forms to the address provided in this form. A Family Court Services staff will contact the proposed provider and review the requirements.

***Upon completion of these requirements, it is the discretion of Family Court Services and Family Court judicial officer to include a proposed provider on the court's list of community resources.***



## FAMILY COURT SERVICES

### PROFESSIONAL SUPERVISED VISITATION PROVIDER SCREENING FORM

**Program/Organization Name:** \_\_\_\_\_

Complete this form along with the other required documents and submit to

[FCS@kern.courts.ca.gov](mailto:FCS@kern.courts.ca.gov)

- 1) Who is the contact person for your program/organization? \_\_\_\_\_  
\_\_\_\_\_
- 2) What is the person/organization's contact information?  
\_\_\_\_\_  
\_\_\_\_\_
- 3) What services does your program provide? \_\_\_\_\_  
\_\_\_\_\_
- 4) How long has your program been established? \_\_\_\_\_  
\_\_\_\_\_
- 5) Where and how will your services will take place? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) What cities will you be serving? \_\_\_\_\_  
\_\_\_\_\_
- 7) What are the fees and is a sliding scale offered?  
\_\_\_\_\_  
\_\_\_\_\_
- 8) Do you have a business license?  Yes  No  I don't know  
Provide your business license information \_\_\_\_\_  
\_\_\_\_\_
- 9) What are your professional qualifications and certifications?  
\_\_\_\_\_  
\_\_\_\_\_
- 10) How do you resolve conflicts with your clients? \_\_\_\_\_  
\_\_\_\_\_
- 11) Please indicate the documents included to verify the information on this form. \_\_\_\_\_  
\_\_\_\_\_