

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA

SERVICE PROVIDER APPLICATION

You must complete one application for each service you would like to provide for the court.

- Parenting
- Co-Parenting Program
- Anger Management
- Counseling
- Substance Treatment
- Supervised Visitation
- 3111/3118 Child Custody Evaluator
- 730 Child Custody Evaluator

Name and/or Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

**Board of Behavioral Sciences Licensure**

Professional License Number: \_\_\_\_\_ Type of License (LMFT, LCSW, Other): \_\_\_\_\_

**Please provide your fee schedule as you would like it to appear on the provider list:**

\_\_\_\_\_  
\_\_\_\_\_

**Location(s) you provide services:** \_\_\_\_\_

**Parenting/Co-Parenting/Anger Management/Substance Treatment Providers:**

Length of Program: \_\_\_\_\_ Class Size: \_\_\_\_\_

**Supervised Visitation Monitors:**

Do you have a dedicated building where you provide supervision?  Yes  No

**Additional Relevant Information:**

Please note that any information on this form may be released to the public.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

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