

ATTORNEY NAME: STATE BAR NUMBER: ATTORNEY ADDRESS: TELEPHONE NUMBER: E-MAIL ADDRESS <i>(Optional)</i> :	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Sitting as the Juvenile Court	
Name of Party Represented:	
Case Name:	Case Number:
RETAINED DEPENDENCY ATTORNEY'S CERTIFICATION OF COMPETENCY	

Certification:

I, _____ (*attorney name*), declare that I am an attorney at law licensed to practice in the State of California and am in good standing with the California State Bar.

- I hereby certify that **I do** meet the minimum standards for practice before a juvenile Court set forth in California Rules of Court, rule 5.660 and Sacramento Superior Court local rule 7.20 and 7.21.
- I hereby certify that **I do not** meet the minimum standards for practice before a juvenile Court set forth in California Rules of Court, rule 5.660 and Sacramento Superior Court local rule 7.20 and 7.21.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature of Attorney