



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
SITTING AS THE JUVENILE COURT**

**COURT APPOINTED DEPENDENCY ATTORNEY'S
CERTIFICATION OF COMPETENCY**

Attorney Name:	State Bar Number:
Office Address:	Telephone Number:

A. 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 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 and have completed the minimum requirements for training, education and/or experience.

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