

**SUPERIOR COURT OF CALIFORNIA
IN AND FOR THE COUNTY OF SACRAMENTO
JUVENILE DIVISION
CERTIFICATION OF ATTORNEY COMPETENCY**

I, _____ am an
Name Office Address Telephone Number

attorney at law licensed to practice in the State of California. My State Bar Number is _____. 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 local rule 7.20 and that I have completed the minimum requirements for training, education and/or experience as set forth below.

Training and Education: (Attach copies of MCLE certificates or other documentation of attendance)

<u>Course Title</u>	<u>Date Completed</u>	<u>Hours</u>	<u>Provider</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summary of Juvenile Dependency Experience:

Dated: _____

Signature

In RE: _____
Case No.: _____
JC\E-005 (01.14)

Certification of Attorney Competency
Dated: _____