

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SIERRA SUPERIOR COURT STREET ADDRESS 100 Courthouse Square MAILING ADDRESS P.O. Box 476 CITY & ZIP CODE Downieville, CA 95936	
Petitioner/Plaintiff: Respondent/Defendant:	
CERTIFICATION OF ATTORNEY COMPETENCY (Juvenile Dependency Proceeding)	CASE NUMBER

I am an attorney licensed to practice in the State of California. 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(d) and that I have completed the minimum requirements for training, education and/or experience as set forth below.

Training and Education:

<u>Course Title</u>	<u>Date Completed</u>	<u>Hours</u>	<u>Provider</u>
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Summary of Juvenile Dependency Experience:

Dated: _____ Signature _____