

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO		
<input type="checkbox"/> UKIAH Courthouse 100 North State Street Ukiah, CA 95482	<input type="checkbox"/> TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437	
PETITIONER/PLAINTIFF: VS: RESPONDENT/DEFENDANT:		
		CASE NUMBER: _____
CERTIFICATION OF ATTORNEY COMPETENCY		

I, _____, am an Attorney at law licensed to practice in the State of California. My State Bar Number is _____.

Office address:	
Telephone number:	

I hereby certify that I meet the minimum standards for practice before a Juvenile Court set forth in the California Rules of Court, rule 5.664, California Welfare & Institutions Code § 634.3, and local rule 5.14 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)

Course Title	Date Completed	Hours	Provider

Summary of Juvenile Dependence Experience:

Dated: _____

Signature

In RE: Certification of Attorney Competency

Case No: _____

Dated: _____