

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)		For Court Use Only
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
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	CASE NUMBER:
PETITIONER/PLAINTIFF:		HEARING DATE:
RESPONDENT/DEFENDANT:		TIME: DEPT.

CERTIFICATION OF ATTORNEY COMPETENCY

I, _____, am an Attorney at law licensed to practice in the State of California. My office address is: _____. My telephone number is: _____. 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 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:
Case No: _____

Certification of Attorney Competency
Dated: _____