

**SUPERIOR COURT OF CALIFORNIA
IN AND FOR THE COUNTY OF SHASTA
JUVENILE COURT**

CERTIFICATION OF ATTORNEY COMPETENCY

I, _____,
Name Office Address Telephone Number

am an attorney 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 the California Rules of Court, Rule 5.660, and Local Rule 16.05 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: _____

(Effective, January 1, 2003)