

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF EL DORADO

ATTORNEY INFORMATION NAME _____ SBN _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ EMAIL _____ PHONE _____ FAX _____	<i>For Court Use Only</i>
<p style="text-align: center;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO</p> Placerville Department 8 South Lake Tahoe 295 Fair Lane 1354 Johnson Blvd. Placerville, CA 95667 South Lake Tahoe, CA 96150	
CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT	<i>Copy to Court Administration</i>

I _____, Attorney at Law, licensed to practice in the State of California, hereby certify that I meet the minimum standards for practice before a juvenile court set forth in California Rules of Court and El Dorado County Local Rules, completing at least eight hours of training or education in the minimum requirements for training, education and experience as set forth below:

Eight hours (minimum) of training or education in juvenile dependency law or related subjects as set forth in California Rules of Court.

Course Title(s): _____
(Attach copies of MCLE certificates or other attendance documentation)

Six months of recent regular appearances in dependency proceedings

Court Location(s): _____
(List of counties in which you have appeared as counsel in dependency)

I have reviewed County of El Dorado Superior Court’s Local Rules regarding juvenile matters, and California Rules of Court pertaining to Competent Counsel requirements and understand the requirements for appointments in juvenile matters. I understand I need to complete at least eight hours of substantive continuing education and submit a new certificate of competency to the Court within three years.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and that this Certificate of Competency was executed on _____
Date

Attorney signature

State Bar Number