

Attorney Name and Address	
Superior Court of California, County of Glenn Juvenile Division 526 W. Sycamore Street Willows, CA 95988 (530)934-6446	
DECLARATION OF CERTIFICATION OF ATTORNEY COMPETENCY (Glenn County Local Rule 7.0)	

Attorney Name : _____ State Bar Number: _____

I am an attorney at law licensed to practice in the State of California. I hereby declare that I am eligible for appointment to represent any party in a dependency proceeding because I have the following minimum training and educational requirements:

INITIAL CERTIFICATION

I have participated in at least thirty-six (36) hours of training and education in juvenile dependency law and practice. (Explanation or documents attached.)

OR

I have at least six (6) months experience within the last twelve (12) months in dependency proceedings in the State of California in which I have had primary responsibility for representation of clients in said proceedings. (Explanation or documents attached.)

RENEWAL

I have completed within a one (1) year period at least twelve (12) hours of continuing education related to dependency proceedings.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, _____.

(Signature)

Note: Submit form to Judicial Assistant for Juvenile Dependency, Judicial Officer.