

LAW FIRM (Name and address): _____ STATE BAR NO: _____ FIRM NAME: _____ STREET ADDRESS: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO: _____ FAX NO: _____ E-MAIL ADDRESS: _____	<i>For Court Use Only FILED Date</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 860 EAST GILBERT STREET MAILING ADDRESS: 860 EAST GILBERT STREET CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0955 BRANCH NAME: JUVENILE DEPENDENCY COURT	
ATTORNEY'S NAME: _____	
CERTIFICATION OF COMPETENCY DEPENDENCY Certification for: Guardian Ad Litem Dependency Counsel	

Training and Education Initial Certification Recertification (Every three years)
 (Attach copies of MCLE certificates or other documentation of training and/or attendance)

Date Completed	Course Title	Provider	Hours

I hereby certify that am an attorney licensed to practice in the State of California and I meet the minimum standards of competency for practice before a Juvenile Court set forth in the California Rules of Court, Rules 5.660 – 5.664 and Superior Court of California, County of San Bernardino Local Rules 1692.4 through 1692.8 and have completed the minimum requirements for training, education and/or experience as required as set forth above.

Dated: _____

Signed: _____

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	For Court Use Only
Dated: _____	Signed: _____ Presiding Judge of the Juvenile Court