

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL Juvenile Division 324 Applestill Rd. El Centro, CA 92243	
Name of Dependant Child: _____	
CERTIFICATION OF COMPETENCY	CASE NUMBER: _____

I, (firm or affiliation, address, phone number and State Bar Number) _____, am an attorney at law licensed to practice in the State of California. I hereby certify that I meet the minimum standards for practice before a Juvenile Court set forth in California Rule of Court, 5.660, and Local Rule 6.1.2, and that I have completed the minimum requirements for training, education and/or experience as set forth below:

Training and Education

	Course Title	Date Completed	Hours	Provider
a.				
b.				

Juvenile Dependency Experience

	Case Number (s)	Contested Hearings	Date of last appearance	Party Represented
a.				
b.				

(Attached are copies of MCLE certificates or other documentation of attendance.)

DATED: _____

Signature