ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)			dress)	FOR COURT USE ONLY	
TELEPHONE NO:	FAX NO:				
SUPERIOR COURT OF CALI COUNTY OF SUTTER 1175 CIVIC CENTER BLVD. YUBA CITY, CA 95993 (530)822-3300	FORNIA				
IN THE MATTER OF:					
CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT			CASE NUMBER:		
State Bar Number is  I hereby certify that I meet the n	ninimum standards for p 5.0. I further certify tha set forth below.	oractice befort I have com	re the pleted	licensed to practice in the State of Cali Juvenile Division of Sutter County Sup I the minimum requirements for training PROVIDER	perior
JUVENILE DEPENDENCY EX	PERIENCE				
(Attach extra page if necessary					
COURSE TITLE	DATE COMPLETED	HOURS		PROVIDER	
Dated:	_	_		Circulatives of Attaways	
APPROVED				Signature of Attorney	
Dated:	_	_ JI	JDGE	OF THE SUPERIOR COURT	