

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR (NAME): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER 1175 CIVIC CENTER BLVD. YUBA CITY, CA 95993 (530)822-3300	
IN THE MATTER OF:	
CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT	CASE NUMBER: _____

I, _____, Attorney at Law, am licensed to practice in the State of California. My State Bar Number is _____.

I hereby certify that I meet the minimum standards for practice before the Juvenile Division of Sutter County Superior Court as set forth in Local Rule 5.0. I further certify that I have completed the minimum requirements for training, education and/or experience as set forth below.

TRAINING AND EDUCATION

(Attach copies of MCLE certificates or other documentation of attendance)

COURSE TITLE	DATE COMPLETED	HOURS	PROVIDER
_____	_____	_____	_____
_____	_____	_____	_____

JUVENILE DEPENDENCY EXPERIENCE

(Attach extra page if necessary)

COURSE TITLE	DATE COMPLETED	HOURS	PROVIDER
_____	_____	_____	_____
_____	_____	_____	_____

Dated: _____

Signature of Attorney

APPROVED

Dated: _____

JUDGE OF THE SUPERIOR COURT