

Attorney Name and Address	
Superior Court of California, County of Sonoma Juvenile Division 600 Administration Drive Santa Rosa, CA 95403 Phone: (707) 565-1100	
DECLARATION OF CERTIFICATION OF ATTORNEY COMPETENCY (Sonoma County Local Rule 10.12)	

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 and under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, _____.

Signature