

ATTORNEY (Name, State Bar Number, and Address)  <div style="text-align: center;">State Bar No.</div>  <div style="display: flex; justify-content: space-between;"> <span>TELEPHONE NO.</span> <span>FAX NO. (OPTIONAL)</span> </div>	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN</b> 2610 Riverside Drive, Susanville, CA 96130	
<b>CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT</b>	

I, \_\_\_\_\_, have completed the following: *(check one)*

8 hours of training or education in juvenile dependency law or related subjects as set out in the Rules of Court

6 months of experience in dependency proceeding.

The experience, training, or education occurred during the calendar year(s) \_\_\_\_\_.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this certification is executed at \_\_\_\_\_ [city], California on \_\_\_\_\_ [date].**

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)