

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO**

**JUVENILE DEPENDENCY COUNSEL  
CERTIFICATION OF COMPETENCY**

I, \_\_\_\_\_  
Name office address telephone number

am an attorney at law 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 a juvenile court set forth in California Rules of Court, rule 5.660, and Local Rule 13, and 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: (Initial certification only)

Case #	Contested Hearings	Date of Last Appearance	Party Represented

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature