

Calaveras Superior Court Juvenile Division  
Counsel Certificate of Competence

Name: \_\_\_\_\_  
State Bar \_\_\_\_\_  
No.: Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_

I am an attorney-at-law licensed to practice in the State of California. 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 No. 5.50 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:**

(Necessary where counsel does not have sufficient MCLE or other training per 5.660)

Case #	No. of Contested Hearings	Date of Last Appearance	Party Represented
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dated: \_\_\_\_\_  
Signature