LAW FIRM (Name and address):	STATE BAR	R NO:		For Court Use On FILED Date	ly
FIRM NAME:				FILED Date	
STREET ADDRESS:					
STREET ADDRESS:					
CITY:	STATE	E: ZIP COI	DE:		
TELEPHONE NO:	FAX N	0:			
E-MAIL ADDRESS:					
SUPERIOR COURT OF CA	ALIFORNIA, COUNTY OF SAN	BERNARDINO			
STREET ADDRESS: 860 EA	ST GILBERT STREET				
MAILING ADDRESS: 860 EA	ST GILBERT STREET				
CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0955					
BRANCH NAME: JUVENILE DEPENDENCY COURT					
ATTORNEY'S NAME:					
	CERTIFI	ICATION OF CO	OMPETENCY		
	<u> </u>	DEPENDENC			
Training and Educ	ation ☐ Initial Certif	fication	ertification (Every	three years)	
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(Attach copies of MC	CLE certificates or other	documentation of	training and/or at	teridarice)	
Date Completed	Course Title		Provider		Hours
standards of compete 5.660 – 5.664 and Su	m an attorney licensed tency for practice before a uperior Court of Californithe minimum requirements	a Juvenile Court a, County of San	set forth in the Ca Bernardino Local	llifornia Rules of Court, Rules 1692.4 through	Rules 1692.8
Dated: Signed:					
		For Court Use On	nlv		
☐ Approved ☐ De	enied	or Court Ose Off	··y		
11					
Datad:		Signad:			
Dated:	<u>—</u>	Signed:	Duga statica et la	udge of the Juvenile Co	
			Presiding Ju	lage of the Juvenile Co	ourt