ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*: TELEPHONE: FAX NO. *(Optional)*: ATTORNEY FOR (Name):	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002 North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT	CASE NUMBER:

I, _____, Attorney at Law, have completed the following within the past three (3) years:

Eight (8) hours of training or education in juvenile dependency law as set forth in Butte County Local Rule 17

OR

Six (6) months of recent regular appearances in dependency proceedings which occurred on and between _____ in the county of _____.

The eight (8) hours of training or education was completed on _____. The name of the course and provider of the training or education was _____.

_____ (DATE)

_____ (ATTORNEY)

VERIFICATION

I have read Butte County Superior Court Rule 17.5 and California Rule of Court 5.660(d) - Competent Counsel, and know its contents.

The matters stated in the foregoing document are true of my own knowledge.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and that this Verification was executed on _____, at Butte County, California.

_____
Attorney

Each attorney certified to practice before the juvenile court shall complete eight (8) hours of continuing education related to dependency and submit a new certificate of competency to the court within three (3) years. Butte County Local Rule of Court 17.5(d).