

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 4353 VINEYARD AVE, OXNARD, CA. 93036	
CERTIFICATE OF COMPETENCY TO PRACTICE IN JUVENILE DEPENDENCY COURT	CASE NUMBER:

I, _____, Attorney at Law, have completed the following (check one):

- Minimum standards of training as set forth in the Ventura Superior Court Rule 12.02.
- Six months of recent experience in dependency proceedings.

The experience, training or education was obtained during the calendar year(s): _____

Dated: _____

Attorney: _____

VERIFICATION

I have read Ventura Superior Court Rule 12.02 and know its contents.

I am an attorney that practices regularly in the Juvenile Dependency Court, County of _____.

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 Ventura, California.

Attorney