RESET FORM

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE: FAX NO. *(Optional):* ATTORNEY FOR (Name):	
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).