

<b>ATTORNEY INFORMATION</b> <i>(Name, State Bar Number, and Address)</i> Name / Bar Number: Address: City, State, Zip: Telephone No.: Email Address:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b> Street Address: 627 W. 21 <sup>st</sup> Street Mailing Address: 627 W. 21 <sup>st</sup> Street City, State, Zip: Merced, CA 95340 Branch Name: Juvenile Dependency Division	
<b>DECLARATION OF ELIGIBILITY FOR REPRESENTATION IN                  DEPENDENCY COURT</b> Initial      Continuing	CASE NUMBER <i>(If applicable)</i> :

I (name): \_\_\_\_\_

at (office address): \_\_\_\_\_,

phone number: \_\_\_\_\_ and email address: \_\_\_\_\_

am an attorney at law licensed to practice in the State of California. My State Bar number is: \_\_\_\_\_

I hereby certify that I meet the minimum standards for practice before a Juvenile Dependency Court set forth in California Rule of Court 5.660 and Merced Local Rule 202, and that I have completed the minimum requirements for training, education, and/or experience as set forth below. *(Check all that apply:)*

I have been retained to represent (name party) \_\_\_\_\_ in case number(s) \_\_\_\_\_

I want to be added to the list of qualified attorneys referenced by the Court when appointing counsel in cases of conflict for Dependency proceedings.

I already filed an initial declaration of eligibility and am declaring my continued qualification as counsel for parties in Dependency proceedings.

1. Initial Eligibility for Representation of Parties in Dependency Proceedings

- a. I declare that I am eligible to represent parties in dependency proceedings because I have completed a minimum of eight (8) hours of training or education in the areas of juvenile dependency as stated in Local Rule 202. Attach copies of MCLE certificates or other documentation of attendance. Retained Counsel without the minimum education must complete the required education within 10 court days of their first court appearance.
- b. I declare that I have sufficient recent experience competently representing parties in dependency proceedings as described in the attachment. Attachment should include information about trial work including case number, county in which case was heard, date of last appearance in the case, and party represented.

DECLARATION OF:	SBN:
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2. Continuing Eligibility for Representation of Parties in Dependency Proceedings

I declare that in the last three years, beginning *(date initial Declaration of Eligibility for Representation was filed)* \_\_\_\_\_ through now, I have completed at least 8 hours of continuing education in juvenile dependency law each year. Attach copies of MCLE certificates or other documentation of attendance.

3. Number of pages attached \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
(day of month) (month) (year) (city) (state)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature