	MSC-JV-010				
ATTORNEY INFORMATION (Name, State Bar Number, and Address)	FOR COURT USE ONLY				
Name / Bar Number:					
Address: City, State, Zip:					
Telephone No.:					
Email Address:					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED	_				
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					
DECLARATION OF ELIGIBILITY FOR REPRESENTATION IN DEPENDENCY COURT	CASE NUMBER (If applicable):				
🗆 Initial 🗆 Continuing					
l (name):					
at (office address):	/				
phone number: and email address:					
am an attorney at law licensed to practice in the State of California. My Stat	e Bar number is:				
I hereby certify that I meet the minimum standards for practice before a Juv	enile Dependency Court set forth in				
California Rule of Court 5.660 and Merced Local Rule 202, and that I have co	mpleted the minimum requirements				
for training, education, and/or experience as set forth below. (Check all that a	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 counsel in cases of conflict for Dependency proceedings.	Court when appointing				
I already filed an initial declaration of eligibility and am declaring my oparties in Dependency proceedings.	continued qualification as counsel for				
1. Initial Eligibility for Representation of Parties in Dependency Proceedin	gs				
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.					
	recenting partics in dependency				
b. I declare that I have sufficient recent experience competently rep					
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.					

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DECLARATION OF:					SBN:	
2. Continuing	Eligibility for Repre	esentation of Part	ies in Depend	lency Proceed	ings	
I declare tha	at in the last three	years, beginning (	date initial Dec	claration of Eligi	ibility for Represe	ntation was filed)
		through	now, I have c	ompleted at le	east 8 hours of o	continuing
education ir	n juvenile depende	ncy law each yea	r. Attach copi	es of MCLE ce	rtificates or oth	er
documentat	tion of attendance.					
3. Number of p	pages attached					
I declare under pen	alty of perjury und	ler the laws of the	e State of Calif	fornia that the	e foregoing is tru	ue and correct.
Executed this	day of		, 20	_ in		,
(day of	month)	(month)	(year)		(city)	(state)

Printed Name

Signature