

LAW FIRM (Name and address): FIRM NAME: STREET ADDRESS: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO: FAX NO: E-MAIL ADDRESS:	<i>For Court Use Only</i> FILED Date
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ATTORNEY'S NAME:	
<b>CERTIFICATION OF COMPETENCY  DELINQUENCY</b>	

**Initial Certification Training and Education**

*(Attach summary of Experience and copies of MCLE certificates /documentation of training and/or attendance.)*

Date Completed	Course Title	Provider	Hours

**Recertification Training and Education**

I declare that in the past three years – from February 1, \_\_\_\_\_, to January 31, \_\_\_\_\_, which corresponds to my MCLE reporting cycle – I have completed eight hours per year of continuing education training that meets the requirements stated in rule 5.664(c) *(list trainings, including dates, and attach copies of MCLE certificates or other documentation of training and/or attendance, attorneys who are eligible for appointment during a portion of their compliance period must complete proportional hours as stated in rule 5.664):*

Year 1 trainings: \_\_\_\_\_  
Year 2 trainings: \_\_\_\_\_  
Year 3 trainings: \_\_\_\_\_

I hereby certify that am an attorney licensed to practice in the State of California and I meet the minimum standards of competency for practice before a Juvenile Court set forth in the California Rules of Court, Rules 5.660 – 5.664 and Superior Court of California, County of San Bernardino Local Rules 1692.4 through 1692.8 and have completed the minimum requirements for training, education and/or experience as required as set forth above.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Denied  Dated: _____	<b>For Court Use Only</b>  Signed: _____ Presiding Judge of the Juvenile Court
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