

NAME: STATE BAR NUMBER: ADDRESS: PHONE:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO STREET ADDRESS: 600 Union Avenue MAILING ADDRESS: P.O. Caller 5000 CITY AND ZIP CODE: Fairfield, CA 94533	
APPLICATION TO PRACTICE IN DEPENDENCY COURT AND CERTIFICATION OF COMPETENCY	CASE NUMBER:

Pursuant to Superior Court of California, County of Solano Rule 6.30(b), I hereby apply to practice in the Superior Court of California, County of Solano Dependency Court. I am an attorney at law licensed to practice in the State of California. I hereby certify that I meet the minimum standards for practice before a Juvenile Court set forth in California Rules of Court, Rule 5.660(d), and Local Rule 6.30(a) and that I have completed the minimum requirements for training, education, and/or experience as set forth below.

Training and Education (Attach copies of MCLE certificates or other documentation of attendance):

Course Title	Date Completed	Hours Provided

Juvenile Dependency Experience:

Case Number	Number of Contested Hearings	Date of Last Appearance	Party Represented

Dated: _____

Signature

The above-named attorney is certified provisionally certified is not certified to practice in the dependency court of the Superior Court of California, County of Solano.

Dated: _____

Judge of the Juvenile Court

APPLICATION TO PRACTICE IN DEPENDENCY COURT AND CERTIFICATION OF COMPETENCY