

ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY DO NOT FILE OR LODGE IN CASE FILE
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 FOR ELIGIBILITY FOR APPOINTMENT AS MINOR'S COUNSEL (PROBATE GUARDIANSHIPS)	

I, _____, declare as follows:

1. I hereby seek eligibility for appointment as minor's counsel in probate guardianship cases.
2. I certify that I meet the minimum standards for practice, education, and experience set forth in California Rules of Court, rule 7.1101, as demonstrated in the attached *Certification of Attorney Concerning Qualifications for Court Appointment in Conservatorships or Guardianships* (Judicial Council form GC-010).
3. I understand that if I am appointed as minor's counsel in a probate guardianship matter, I will be required to certify to the court pursuant to California Rules of Court, rule 7.1101(h), that I have completed the continuing education requirements set forth in California Rules of Court, rule 7.1101(f). I further understand that time spent and/or costs incurred while engaging in continuing education to maintain eligibility for appointment as minor's counsel is not chargeable time to the county or the court and shall not be reimbursed in a request for attorney fees or costs in any guardianship proceeding.

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

Date: _____

ORDER

1. The above-named attorney is deemed eligible for appointment as minor's counsel in probate guardianship matters.
2. The above-named attorney is not deemed eligible for appointment as minor's counsel in probate guardianship matters for the following reason(s):

Dated: _____
Judge or Commissioner of the Superior Court