

ATTORNEY (Name & Address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input checked="" type="checkbox"/> Lamoreaux - 341 The City Drive, Orange, CA 92868-3205	
Attorney Certification Juvenile Court – Local Rule 907	

By signing below, I certify that I 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 Court as set forth in California Rules of Court, rule 5.660, and completed the minimum requirements for training and education as forth in Local Rule 907 and Juvenile Court Miscellaneous Order No. 503.1, as indicated below.

TRAINING AND EDUCATION:

(Attach copies of MCLE certificates or other documentation of attendance)

Course Title	Date Completed	Hours	Provider

JUVENILE DEPENDENCY EXPERIENCE

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

_____ Date

_____ Signature