

<b>ATTORNEY</b>		STATE BAR NUMBER:	<b>DO NOT FILE OR LODGE IN CASE FILE</b>
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
<b>CERTIFICATION OF ATTORNEY QUALIFICATIONS</b>			
<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL			
<b>INSTRUCTIONS</b>			
<p>1. <b>INITIAL:</b> Before a court may appoint you as counsel for the first time under Probate Code section 1470 or 1471, you must complete items 1, 2, and 3; complete item 4 for appointment to represent a ward or proposed ward; complete item 5 for appointment to represent a conservatee, proposed conservatee, or person alleged to lack legal capacity; provide any additional required information in item 7; sign the form at the bottom of page 2; and submit the form to the appointing court.</p> <p>2. <b>ANNUAL:</b> To remain eligible for appointment, before March 31 of each calendar year following initial certification you must complete items 1, 2, 3, and 6; provide any additional required information, including an explanation of any unsatisfied requirements, in item 7; sign the form at the bottom of page 2; and submit the form to the appointing court.</p>			

I certify that (*check all boxes that apply*):

**LICENSING AND DISCIPLINE**

1. a.  I am an active member in good standing of the State Bar of California. (*Date of admission*):  
OR
  - b.  I am a registered legal aid attorney qualified to practice law in California under rule 9.45 of the California Rules of Court. (*Date of special admission*):
2.  I have had no professional discipline imposed in the 12 months immediately preceding the execution of this form.

**INSURANCE**

3. a.  I am covered by professional liability insurance with limits no lower than \$100,000 per claim and \$300,000 per year or any higher limits required by local rule, if applicable.  
My insurer is (*specify name, address, phone number, and email address*):

OR

- b.  I am covered against professional liability at a level not lower than that in a. by a self-insurance program through my firm, employer, or government agency. (*Describe self-insurance in item 7.*)

**INITIAL QUALIFICATIONS**

**Guardianship**

4.  I am qualified for appointment under Probate Code section 1470 to represent a ward or proposed ward because I have met at least one of the requirements in rule 7.1102(a) or (b) and, if applicable, all additional requirements imposed by local rule. (*Describe qualifying experience, work arrangements, or education in item 7.*)

**Conservatorship and Capacity Determination**

5.  I am qualified for appointment under Probate Code section 1470 or 1471 to represent a conservatee, proposed conservatee, or person alleged to lack legal capacity because I have met at least one of the requirements in rule 7.1103(a) or (b) and, if applicable, all additional requirements imposed by local rule. (*Describe qualifying experience, work arrangements, or education in item 7.*)

**ANNUAL EDUCATION**

6.  I have completed the annual education requirements in  rule 7.1102(c)  rule 7.1103(c) and  all additional education or training requirements imposed by local rule of court for the previous calendar year.  
(*List the hours and applicable subjects of completed education in item 7.*)

Additional space provided and signature required on page 2.

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CERTIFICATION OF (name):

STATE BAR NUMBER:

, ATTORNEY

7.  Provide any additional required information, including an explanation of any unsatisfied requirements, below.

Continued on Attachment 7.

I declare under penalty of perjury under the laws of the State of California that the foregoing statements, including the statements in any document attached to or submitted with this form, are true and correct.

Date:

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(TYPE OR PRINT NAME OF CERTIFYING ATTORNEY)

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(SIGNATURE)