

<p><b>ATTORNEY</b></p> <p>STATE BAR NUMBER:</p> <p>NAME:</p> <p>FIRM NAME:</p> <p>STREET ADDRESS:</p> <p>CITY: STATE: ZIP CODE:</p> <p>TELEPHONE NO.: FAX NO.:</p> <p>EMAIL ADDRESS:</p>	<p><i>DO NOT FILE OR LODGE IN CASE FILE</i></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p><b>CERTIFICATION OF ATTORNEY QUALIFICATIONS</b></p> <p><input type="checkbox"/> INITIAL    <input type="checkbox"/> ANNUAL</p>	

**INSTRUCTIONS**

1. **INITIAL:** 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.

2. **ANNUAL:** 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.

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.

