

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	<i>(Do not file or lodge in case file)</i>
CERTIFYING ATTORNEY _____ State Bar No.: _____ <i>(Name):</i>	

ANNUAL CERTIFICATION OF COURT-APPOINTED ATTORNEY

NOTICE TO ATTORNEYS APPOINTED BY THE COURT IN PROBATE CONSERVATORSHIPS OR GUARDIANSHIPS

1. Beginning in 2008, you must complete three hours of continuing education each calendar year that qualifies for Minimum Continuing Legal Education (MCLE) credit for California State Bar–certified specialists in estate planning, trust, and probate law. (See Cal. Rules of Court, rule 7.1101(f).)
2. Beginning in 2009, you must certify to the court before the end of March of each year that (1) you completed the required continuing education during the previous calendar year, and (2) your State Bar disciplinary history and professional liability insurance or self-insurance coverage either have or have not changed since your qualification certification or last annual certification was filed. You must also describe any changes in your disciplinary history and insurance or self-insurance coverage. (See rule 7.1101(h)(4) and (5).)

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

1. a. I have had no State Bar discipline imposed since the date of my qualification certification or my last annual certification.
- b. I have had State Bar discipline imposed since the date of my qualification certification or my last annual certification. The circumstances are described in Attachment 1b.
2. a. My professional liability insurance coverage (rule 7.1101(b)(3)), adequacy of self-insurance (rule 7.1101(e)(2)), or self-insurance program coverage (rule 7.1101(c)(2)) has not changed since the date of my qualification certification or my last annual certification.
- b. My professional liability insurance, adequacy of self-insurance, or self-insurance program coverage has changed since the date of my qualification certification or my last continuing education certification. My current circumstances are described in Attachment 2b.
3. My contact information is as stated in my qualification certification or last annual certification. as follows:
 - a. Firm or employer name:
 - b. Address:
 - c. Telephone number: _____ d. Fax number: _____
 - e. E-mail address: _____
4. During calendar year _____, I completed a total of *(specify)*: _____ hours of continuing education that qualifies for MCLE credit for State Bar-certified specialists in estate planning, trust, and probate law, as follows:

<u>Provider</u>	<u>Subject</u>	<u>Hours</u>

I certify that the foregoing is true and correct.		Total hours: _____

Dated: _____

(TYPE OR PRINT NAME OF CERTIFYING ATTORNEY)

(SIGNATURE)

