

SUPREME COURT OF VIRGINIA
Office of the Executive Secretary
100 North Ninth Street, Third Floor • Richmond, Virginia 23219
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CERTIFICATION OF FAMILIARITY WITH COURT SYSTEM AND GENERAL BACKGROUND IN GUARDIANSHIP LAW
QUALIFICATION AS A GUARDIAN AD LITEM FOR INCAPACITATED PERSONS

Attorney Name:

Last Name	First Name	Middle Name
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Address: _____	VS# #: _____	
_____	Office Phone: () _____	

CERTIFICATION OF FAMILIARITY WITH COURT SYSTEM AND GENERAL BACKGROUND IN GUARDIANSHIP LAW

In accordance with Standard I.B.2.b of the *Standards to Govern the Appointment of Guardians Ad Litem for Incapacitated Persons*, I hereby certify that I have served as counsel for the petitioner in 2 cases involving incapacitated persons in the Circuit Court. The case types I participated in are provided below.

OR

In accordance with Standard I.B.2.c of the *Standards to Govern the Appointment of Guardians Ad Litem for Incapacitated Persons*, I hereby certify that I have been appointed by the Circuit Court as guardian or conservator for an incapacitated person in at least 2 cases. The case types I assisted in are provided below.

Case Type <small>(i.e. guardianship, conservatorship, etc.) Do not provide identifying case information.</small>	Approximate Date(s) of Participation <small>(i.e. March 2014; June-August 2014; etc.)</small>	Circuit Court
1.		
2.		

Applicant Attorney – Signature

Date