

SUPREME COURT OF VIRGINIA
Office of the Executive Secretary
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**CERTIFICATION OF FAMILIARITY WITH COURT SYSTEM AND GENERAL BACKGROUND IN GUARDIANSHIP LAW AND
NOMINATION CERTIFICATE – QUALIFIED GUARDIAN *AD LITEM*
QUALIFICATION AS A GUARDIAN AD LITEM FOR INCAPACITATED PERSONS**

Attorney Name:

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

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

In accordance with Standard I.B.2.a of the *Standards to Govern the Appointment of Guardians Ad Litem for Incapacitated Persons*, I hereby certify that I assisted _____, a qualified guardian ad litem, in at least 2 cases involving an incapacitated person in the Circuit Court. The cases 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

NOMINATION CERTIFICATE – QUALIFIED GUARDIAN *AD LITEM*

The above-named attorney has assisted me in at least 2 cases involving an incapacitated person in the Circuit Court in which I served as a qualified guardian ad litem. This attorney is sufficiently familiar with the law and procedures of the circuit Court and with the practice of representing incapacitated persons in this court to qualify as a guardian ad litem.

Signature

Date