CERTIFICAT Commonwealth of V	ION OF PROPOSED GUARDIAN irginia VA. CODE § 64.2-2007	Court File No.	
In the Circuit C	ourt of the [] City [] County of	2	
	3	4	
NAMI	E OF PROPOSED GUARDIAN	NAME OF RESPONDENT	
	5		
]	NAME OF PETITIONER		
I, the undersig	ned proposed guardian, certify the followi	ng:	
[] Yes [] No	[] No I am an attorney and I have represented the petitioner within the last three calendar years. If yes, explain representation below.		
[]Yes[]No	I have been employed by a law firm that represented the petitioner within the last three calendar years. If yes, explain employment relationship below.		

I hereby state that the above information is correct to the best of my knowledge.

8	9
DATE	SIGNATURE OF PROPOSED GUARDIAN

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Using This Revisable PDF Form

1. Copies

Original – to be filed with court Copy- to the be retained by parties after filing with court

- 2. Prepared by proposed guardian.
- 3. Attachments none
- 4. Preparation details- none

Data Elements

- 1. Court file number.
- 2. City or County of court.
- 3. Name of proposed guardian.
- 4. Name of Respondent.
- 5. Name of Petitioner.
- 6. Check the appropriate box indicating whether you are an attorney that has represented the petition within the last three calendar years. Provide any explanation on the lines provided.
- 7. Check the appropriate box indicating whether you are an attorney employed by a law firm that has represented the petition within the last three calendar years. Provide any explanation on the lines provided.
- 8. Date of certification
- 9. Signature of proposed guardian.