CONFIDENTIAL—FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA,	(Do not file or lodge in cas	se file)
COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
CERTIFYING ATTORNEY State Bar No.:		
(Name):		
ANNUAL CERTIFICATION OF COURT-APPOINTED ATTORNEY		
NOTICE TO ATTORNEYS APPOINTED BY THE COURT IN PROBATE CONSERVATORS	HIPS OR GUARDIANSHIPS	5
 Beginning in 2008, you must complete three hours of continuing education each calendar year th Continuing Legal Education (MCLE) credit for California State Bar–certified specialists in estate p (See Cal. Rules of Court, rule 7.1101(f).) 	-	aw.
2. Beginning in 2009, you must certify to the court before the end of March of each year that (1) you		•
education during the previous calendar year, and (2) your State Bar disciplinary history and profe self-insurance coverage either have or have not changed since your qualification certification or l	-	
You must also describe any changes in your disciplinary history and insurance or self-insurance 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	on or my last annual certifica	ition.
b. I have had State Bar discipline imposed since the date of my qualification certification of The circumstances are described in Attachment 1b.	or my last annual certification	ו.
 a. My professional liability insurance coverage (rule 7.1101(b)(3)), adequacy of self-insurance self-insurance program coverage (rule 7.1101(c)(2)) has not changed since the date of leaf annual partification. 		n or my
 last annual certification. b. My professional liability insurance, adequacy of self-insurance, or self-insurance progratic the date of my qualification certification or my last continuing education certification. M described in Attachment 2b. 		
3. My contact information is 🔲 as stated in my qualification certification or last annual certificat	ion. 🔲 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 <i>(specify):</i> hours of continuing e	education that qualifies for M	ICLE
credit for State Bar-certified specialists in estate planning, trust, and probate law, as follows:		
Provider Subject		<u>Hours</u>
	-	
I certify that the foregoing is true and correct.	- Total hours:	
Dated:	-	
(TYPE OR PRINT NAME OF CERTIFYING ATTORNEY)	SIGNATURE) P	Page 1 of 1
Form Adopted for Mandatory Use Judicial Council of California GC-011 [New January 1, 2009] (Probate—Guardianships and Conservatorships) Probate Code, §§ 1456, 1470, 1471; Cal. Rules of Court, rule 7.1101 www.courtinfo.ca.gov		

(Probate—Guardianships and Conservatorships)