

SUPREME COURT OF VIRGINIA
Office of the Executive Secretary
100 North Ninth Street, Third Floor • Richmond, Virginia 23219
PHONE: (804) 786-6455 • FAX (804) 786-1301

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)</small> <small>Do not provide identifying case information.</small>	Approximate Date(s) of Participation <small>(i.e. January 2021; January-March 2021; etc.)</small>	Circuit Court
1.		
2.		

Applicant Attorney – Signature

Date