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**

Address: **VSB #:** _____

_____

_____ **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 *(i.e. guardianship, conservatorship) Do not provide identifying case information.*	**Approximate Date(s) of Participation** *(i.e. January 2021; January-March 2021; etc.)*	**Circuit Court**
1.		
2.		

_____ _____

Applicant Attorney – Signature **Date**