

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 ATTENDANCE
CONTINUING EDUCATION FOR GUARDIANS AD LITEM FOR INCAPACITATED PERSONS -- § 64.2-2003

Attorney Name:

| Last Name | First Name | Middle Name |
|-------------------------|---|-------------|
| VSB #: | List <i>all JUDICIAL DISTRICTS /CIRCUITS</i> Where GAL Appointments Will Be Accepted | |
| Office Phone: (_____) | | |
| E-mail Address: _____ | | |

Check this box if the Office of the Executive Secretary **has permission** to release your e-mail address only to organizations requesting such information for the purposes of advertising upcoming continuing legal education programs.

CONTACT INFORMATION AS ALTERNATIVE TO VIRGINIA STATE BAR ADDRESS OF RECORD*

The guardian ad litem for incapacitated persons program receives electronically from the Virginia State Bar (VSB) your official address of record (i.e. name, address, phone number and e-mail address). This contact information is made available to Juvenile and Domestic Relations District Courts and the public, and is used by the Office of the Executive Secretary, Supreme Court of Virginia, to contact you regarding your qualification as a guardian ad litem. Complete this section ONLY if you want the Office of the Executive Secretary to use an alternate address, phone number, and/or e-mail address for the purposes noted above.

Address: _____

Office Phone:** (_____) _____

E-mail Address: _____

Note: E-mail address is not made available to the public.

*** Please do not provide a cell phone unless you want to receive all phone calls related to GAL appointments at that number.*

Sponsor: _____

Course Title: _____

Credit Hours: _____

This training has been approved by the Office of the Executive Secretary, Supreme Court of Virginia, for continuing education credit for qualified guardians ad litem for incapacitated persons.

CERTIFICATION

Course Date: _____

I attended the entire program.
 I attended a total of _____ (hrs./min.) of CLE credit hours or program hours.

NOTE: Credit is awarded for actual time in attendance rounded to the nearest half hour.

Date

Signature

* Providing this alternative contact information will not change your address with the VSB or the address any other department within the Office of the Executive Secretary has on file for you. This includes the Fiscal Services Department, which processes all payment vouchers.