SUPREME COURT OF VIRGINIA
Office of the Executive Secretary
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CERTIFICATION OF FAMILIARITY WITH COURT SYSTEM AND GENERAL BACKGROUND IN GUARDIANSHIP LAW AND NOMINATION CERTIFICATE – QUALIFIED GUARDIAN *AD LITEM*

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.a of the Standards to Govern the Appointment of Guardians Ad Litem for Incapacitated Persons, I hereby certify that I assisted _____, a qualified guardian ad litem, in at least 2 cases involving an incapacitated person in the Circuit Court. The cases 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**

NOMINATION CERTIFICATE – QUALIFIED GUARDIAN *AD LITEM*

The above-named attorney has assisted me in at least 2 cases involving an incapacitated person in the Circuit Court in which I served as a qualified guardian ad litem. This attorney is sufficiently familiar with the law and procedures of the Circuit Court and with the practice of representing incapacitated persons in this court to qualify as a guardian ad litem.

_____ _____

Signature **Date**