Request for Inclusion on Juvenile Abuse/Neglect/Dependency Court Appointed List(s)

Name:	Firm Name:		
Address:	Phone:	Fax:	
	Cell Phone:		
	Wake County Ma	ailbox #:	
NC State Bar #:	Email:		
Please check all that apply:			
Yes, my cell phone number may be given to oth	ner attorneys that are on the	Juvenile A/N/D Court's List(s).	
Yes, my e-mail address may be given to other a	ttorneys that are on the Juv	enile A/N/D Court's List(s).	
I request inclusion on the following lists:			
Attorney for Parent - A/N/D Petition	Guard	ian ad Litem for Parent	
Attorney for Parent - TPR Petition	Conflic	ct Guardian ad Litem-Attorney Advocate	
THIS SECTION MUST BE COMPLETE		ON ON ANY LIST	
I certify the following: (Check all that apply)			
☐ I am licensed to practice law in North Ca	arolina. Year:		
☐ I have read N.C.G.C. §§7B-100 through 1113 and am competent with the NC Juvenile Code regarding Abuse/Neglect/Dependency Court.			
☐ I have completed the "Introduction to Abuse/Neglect Dependency Court." Date:			
☐ I have observed a Child Planning Conference. Date:			
Signature of Conference Facilitator:			
☐ I have observed a minimum of eight (8) placement reviews and/or permanency planning hearings.			
Date: Signature of Pr	residing Judge:		
☐ I have completed the Shadowing Agreer	nent (WAKE-JUV(AN	ND)-1A). Date:	
Signature of Supervising Shadowing Att			
☐ I have signed the "ACKNOWLEDGEM ABUSE/NEGLECT/DEPENDENCY CO	ENT FOR INCLUSION	N ON THE JUVENILE	

☐ I have completed Training/CLEs/Seminars as outlined in Wake County A/N/D Local Rules 5.2 (L): (Please list title, sponsor, date(s) attended)			
This the day of,	20		
(Signature of Attorney):			
FOR ATTORNEY FOR PARENT-TPR PETIT	TON		
I have a minimum of one year of experience represement. Month/Year began:	enting parents in Abuse/Neglect/Dependency Court.		
☐ I have observed at least one contested Termination of Parental Rights hearing. Date:			
Signature of Presiding Judge:			
FOR GUARDIAN AD LITEM FOR PARENT			
☐ I have a minimum of one year of experience representing parents in Abuse/Neglect/Dependency Court.			
Month/Year began:			
☐ I have served as appointed counsel for a parent who	7.7		
Name of Parent:	File No.:J		
FOR GUARDIAN AD LITEM-ATTORNEY A	DVOCATE		
☐ I have completed the Guardian ad Litem-Attorney Advocate training. Date:			
I possess a copy of the North Carolina Guardian ad Litem Attorney Practice Manual.			
☐ I have observed at least one contested Termination of Parental Rights hearing. Date:			
Signature of Presiding Judge:			
This attorney meets all of the requirements for inclusion on the following lists:			
Attorney for Parent - A/N/D Petition	Guardian ad Litem for Parent		
Attorney for Parent - TPR Petition	Conflict Guardian ad Litem-Attorney Advocate		
	Chief District Court Judge (or designee)		
	Date:		
For use by Committee on Indigent Appointments Only -Request for Inclusion on list for:			
Attorney for Parent - A/N/D Petition Approved Denied			
	pproved Denied		
	Public Defender		