

**10-603. Attorney's certificate.**

STATE OF NEW MEXICO  
COUNTY OF \_\_\_\_\_  
\_\_\_\_\_ JUDICIAL DISTRICT  
IN THE CHILDREN'S COURT

No. \_\_\_\_\_

IN THE MATTER OF  
\_\_\_\_\_

**ATTORNEY'S CERTIFICATE**

I, \_\_\_\_\_ (*name of attorney*), certify that on  
\_\_\_\_\_ (*date*) I met with the above named child who was born on  
\_\_\_\_\_ and explained the child's rights under Sections 32A-6A-12  
and 32A-6A-21 NMSA 1978.

I further certify the following: (*check only one*)

- I am satisfied that the child understands these rights and voluntarily and knowingly desires to remain as a patient in a residential treatment or habilitation program.
- I do not believe that the child understands these rights.
- The child demands to be released.
- The child was discharged prior to the opportunity for advisement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

[Approved, effective July 1, 2002; 10-494 recompiled and amended as 10-603 by Supreme Court Order No. 14-8300-009, effective for all cases filed or pending on or after December 31, 2014.]