**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.]