SUPREME COURT OF VIRGINIA
Office of the Executive Secretary
100 North Ninth Street, Third Floor
Richmond, Virginia 23219
(804) 786-6455 FAX (804) 786-1301

# NOMINATION CERTIFICATE

QUALIFICATION AS A GUARDIAN AD LITEM FOR INCAPACITATED PERSONS
§37.2-1003

Lawyer Name:_____ _____ _____
Last Name First Name Middle Name

Address: _____

_____

_____

_____

Social Security No: _____

Virginia State Bar No: _____

**The above-named lawyer has assisted me in at least two cases involving incapacitated persons in the circuit court in which I served as a guardian ad litem. Such assistance has occurred within the past two (2) years. This lawyer 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.**

_____ _____
**Qualified Guardian Ad Litem – Printed name** **Date**

_____
**Qualified Guardian Ad Litem - Signature**