COURT OF APPEALS OF VIRGINIA APPLICATION FOR APPELLATE COURT APPOINTMENTS

, the undersigned attorney, apply to receive appointments om the clerk's office of the Court of Appeals of Virginia when an indigent litigant requires ounsel.					
I am a member of the Virginia State Bar and in go	od standing with the Bar.				
I am not currently disbarred or suspended in any st tribunal.	tate, territory, United States possession or				
I am not subject to a disciplinary investigation or porganization authorized to discipline me as a lawyo					
Within the past five years, I have not been disciplinated to discipline me as a lawyer.	ned by any court, agency, or organization				
I agree to review and comply with the Court of Appeals of Virginia rules of procedure.					
I understand and I agree to comply with the rules a of members of the Virginia State Bar.	and standards of professional conduct required				
I certify that if I am subsequently sanctioned by an clerk of the Court of Appeals of Virginia in writing	· · · · · · · · · · · · · · · · · · ·				
I understand that the Court of Appeals will periodi appointment, and that inclusion on this roster does					
	Applicant Name				
	Applicant Signature				
	Applicant Bar Number				

COURT OF APPEALS OF VIRGINIA APPLICATION FOR APPELLATE COURT APPOINTMENTS

Mailing or o	office address:				
County of R	Residence:				
Interest in c	riminal appeals:	Yes/no	Civil appe	als:	Yes/no
Years of liti	gation experience i	n criminal l	aw:		
Percentage of	of your practice de	voted to crir	ninal law:		
COMMON	WEALTH OF VIR	GINIA			
CITY/COU	NTY OF				
I,				a Not	ary Public for the City/County of
	, certify	y that the for	regoing appli	cation	was subscribed and sworn before
me this	day of		, 20	_ by _	
					(name of appellant)
				N	Jotary Public Signature
				N	Jotary Registration Number
				(Commission Expiration Date

 $Submit\ completed\ application\ to\ cavcourt appointed @vacourts.gov$