

COURT OF APPEALS OF VIRGINIA APPLICATION FOR APPELLATE COURT APPOINTMENTS

I, _____, the undersigned attorney, apply to receive appointments from the clerk's office of the Court of Appeals of Virginia when an indigent litigant requires counsel.

I am a member of the Virginia State Bar and in good standing with the Bar.

I am not currently disbarred or suspended in any state, territory, United States possession or tribunal.

I am not subject to a disciplinary investigation or proceeding by any court, agency, or organization authorized to discipline me as a lawyer.

Within the past five years, I have not been disciplined by any court, agency, or organization authorized to discipline me as a lawyer.

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 and standards of professional conduct required of members of the Virginia State Bar.

I certify that if I am subsequently sanctioned by any State Bar for misconduct, I will notify the clerk of the Court of Appeals of Virginia in writing within thirty days of such sanction.

I understand that the Court of Appeals will periodically update the roster of attorneys eligible for appointment, and that inclusion on this roster does not guarantee court appointment.

Applicant Name

Applicant Signature

Applicant Bar Number

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Mailing or office address: _____

County/City of Residence: _____

Office phone number: _____

Cell phone number: _____

Email address: _____

Languages fluent in other than English: _____

Interest in **criminal** appeals: Yes/no Interest in **civil** appeals: Yes/no

Years of litigation experience in **criminal** law: _____

Percentage of your practice devoted to criminal law: _____

Practice areas and experience in **civil** law: _____

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF _____

I, _____, a Notary Public for the City/County of _____, certify that the foregoing application was subscribed and sworn before me this _____ day of _____, 20__ by _____.

(name of applicant)

Notary Public Signature

Notary Registration Number

Commission Expiration Date

Submit completed application to cavcourtappointed@vacourts.gov