

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA

**APPLICATION FOR RE-APPOINTMENT
TO THE PANEL OF ATTORNEYS
UNDER THE CRIMINAL JUSTICE ACT**

**** Forms must be submitted to the CJA coordinator between the dates of January 1 to April 1 ****

(Please print or type)

1. Name: _____

If contact information has changed in the last three years, please provide new information.

Firm Name: _____

Office Address: _____
(Address for receiving payment)

(City) (State) (Zip Code) Phone: (Area Code) (Number) Fax: (Area Code) (Number)

Office E-mail Address: _____
(Required)

2. Method of payments reported to the IRS:

Social Security _____, or Law firm's agreement. _____, TIN Number: _____

3. Which divisional office do you seek appointment? (Abingdon, Big Stone Gap, Roanoke, Lynchburg, Danville, Harrisonburg, Charlottesville)(Appointments are limited to one panel.) _____

4. Are you qualified to be appointed to a death penalty case? _____
(See Judicial Council Order 113, Death Penalty Representation in the Fourth Circuit (October 3, 1996) for statutory requirements by visiting www.ca4.uscourts.gov.)

5. Have you ever been subjected to professional discipline in the last three years?
If so, please describe:

I certify the following:

- I am a member in good standing of the Virginia State Bar;
- I am a member in good standing of the Bar of the United States District Court for the Western District of Virginia;
- I agree to participate annually in at least 8 hours of similar CLE during the term of appointment;
- I am registered with the Court's CM/ECF system.
- My answers are true and correct to the best of my knowledge and belief;

(Date)

(Applicant's Signature)

Email application to stevec@vawd.uscourts.gov or mail to U.S. Courts, Steve Carter P.O. Box 1234, Roanoke, VA 24006